

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 APR 27 PH 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66413117

DOCUMENT # 730012

1. Entity Name

MARKHAM "C" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O COOCVE
3501 WEST DRIVE
DEERFIELD BCH FL 33442-2085

Mailing Address

C/O COOCVE
3501 WEST DRIVE
DEERFIELD BCH FL 33442-2085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1850370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: NAFTEL, JACK
STREET ADDRESS: MARKHAM C 64
CITY-ST-ZIP: DEERFIELD BCH FL 33442 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 400034616764
CITY-ST-ZIP: 04/29/04--01020--001 **15006.25

TITLE: SD
NAME: DOMBROFSKY, GAIL
STREET ADDRESS: MARKHAM C 54
CITY-ST-ZIP: DEERFIELD BEACH FL 33442 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: PD
NAME: GOLD, EVELYN
STREET ADDRESS: MARKHAM C 56
CITY-ST-ZIP: DEERFIELD BEACH FL 33442 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: DV
NAME: LEIBMAN, BILL
STREET ADDRESS: MARKHAM C 49
CITY-ST-ZIP: DEERFIELD BEACH FL 33442 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: I
NAME: DELLINGER, BILL
STREET ADDRESS: 410 S POWERLINE RD.
CITY-ST-ZIP: DEERFIELD BCH FL 33442 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: D
NAME: VERIMMEN, JACOB
STREET ADDRESS: MARKHAM C 52
CITY-ST-ZIP: DEERFIELD BEACH FL 33442 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Dellinger **BILL DELLINGER**

2/6/04

(954)428-7013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #