


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-05-2005 90139 001 15,373.75

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

66019043



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1850370

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2005

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	<input type="checkbox"/> Delete	TITLE S NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DOMBROFSKY, GAIL STREET ADDRESS MARKHAM C 54 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GOLD, EVELYN STREET ADDRESS MARKHAM C 56 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE P D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME LEIBMAN, BILL STREET ADDRESS MARKHAM C 49 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME DELLINGER, BILL STREET ADDRESS 410 S POWERLINE RD. CITY-ST-ZIP DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME VERIMMEN, JACOB STREET ADDRESS MARKHAM C 52 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/14/05 (854) 428-7013
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR Date Daytime Phone #