


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 8:00 am
Secretary of State

04-27-2007 90235 001 15,496.25

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARINIER, CELINE <input type="checkbox"/> Delete 63 MARKHAM C DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Charles McINTOSH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 59 MARKHAM C D. B 7133442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENTHAL, IRWIN <input type="checkbox"/> Delete 59 MARKHAM C DEERFIELD BEACH, FL 33443	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, EVELYN <input type="checkbox"/> Delete MARKHAM C 56 DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCINTOSH, ANTOINETTE <input type="checkbox"/> Delete 54 MARKHAM C DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELLINGER, BILL <input type="checkbox"/> Delete 410 S POWERLINE RD. DEERFIELD BCH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBMAN, BILL <input checked="" type="checkbox"/> Delete 49 MARKHAM C DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Celine Marinier</u>		CELINE MARINIER 4/15/07 (954) 360-6880	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1850370 Applied For Not Applicable

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