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AND  
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95 MAY -1 PH 6:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730013 (0)

1. Corporation Name

MARKHAM "D" CONDOMINIUM ASSOCIATION, INC.

500001474725  
-05/04/95--01001--001  
\*\*32760.00 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
MARKHAM "D" 75/CVE F. BALIN, PRES DEERFIELD BEACH FL 33442  
MARKHAM "D" 75/CVE F. BALIN, PRES DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 06/20/1974  
3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1898520  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CONDOMINIUM OWNERS ORGAHNIZATION CVE IN.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PROVENZANO, JOHN
STREET ADDRESS	MARKHAM D 73
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	DVP
NAME	BAILIN, FLORENECE
STREET ADDRESS	MARKHAM D 75
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	7-D
NAME	GERTRUDE, KAY
STREET ADDRESS	MARKHAM D 66
CITY - ST - ZIP	DEERFIELD BEACH, FL
TITLE	5-D
NAME	WEBER, VICKY
STREET ADDRESS	MARKHAM D 67
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	DP
NAME	LEVIN, SHIRLEY
STREET ADDRESS	MARKHAM D 79
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Al Turner* AL TURNER, MANAGER, FEB 16, 95 428-0689  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR