

**FILE NOW: FILING FEE IS \$61.25**

**APPROVED  
AND  
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**97 APR 29 AM 11:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**

**FLORIDA DEPARTMENT OF STATE  
Sandra R. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 730013**  
1. Corporation Name

**MARKHAM "D" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: Markham D 79  
Mailing Address: Markham D 79  
Deerfield Beach, FL 33442

3. Date Incorporated or Qualified: 6/20/74  
3a. Date of Last Report: 5/9/96  
4. FEI Number: 59-1898520  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Markham D  
2a. Mailing Address: 26 Markham D  
22. Suite, Apt #, etc.: 27 71  
23. City & State: 23 Deerfield Beach FL  
24. Zip: 24 33442  
25. Country: 25 Broward  
29. Zip: 29 33442  
30. Country: 30 Broward

9. Name and Address of Current Registered Agent  
CONDOMINIUM OWNERS ORGANIZATION CVE IN.  
3501 WEST DR.  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	PROVENZANO, JOHN	
STREET ADDRESS	MARKHAM D 73	
CITY- ST- ZIP	DEERFIELD BEACH, FL	
TITLE	DVP	<input type="checkbox"/>
NAME	BAILIN, FLORENCE	
STREET ADDRESS	MARKHAM D 75	
CITY- ST- ZIP	DEERFIELD BEACH, FL	
TITLE	TD	<input type="checkbox"/>
NAME	GERTRUDE KAY	
STREET ADDRESS	MARKHAM D 66	
CITY- ST- ZIP	DEERFIELD BEACH, FL	
TITLE	SD	<input type="checkbox"/>
NAME	WEBER, VICKY	
STREET ADDRESS	MARKHAM D 67	
CITY- ST- ZIP	DEERFIELD BEACH, FL	
TITLE	UP	<input type="checkbox"/>
NAME	LEVIN, SHIRLEY	
STREET ADDRESS	MARKHAM D 79	
CITY- ST- ZIP	DEERFIELD BEACH, FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	METERSKY, GERALD		
1.3 STREET ADDRESS	MARKHAM D 71		
1.4 CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP	DEERFIELD BEACH, FL 33442		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	KAY, GERTRUDE		
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP	33442		
4.1 TITLE	DTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	100002159891		
4.3 STREET ADDRESS	-04/29/97--01109--001		
4.4 CITY- ST- ZIP	**15190.00 ***61.25 33442		
5.1 TITLE	DVP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP	33442		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	8/4/25		
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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 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, changed, or on an attachment with an address.

**SIGNATURE:** Gerald Metersky **GERALD METERSKY**  
PRESIDENT 1/31/97 426-3585  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (9/96)