


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

DOCUMENT # 730013			
1. Entity Name MARKHAM "D" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CONDOMINIUM OWNERS ORGA OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address C/O CONDOMINIUM OWNERS ORGA OF CEN 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1898520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME LABRASCIO, BARBARA <input checked="" type="checkbox"/> Delete STREET ADDRESS MARKHAM D 79 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	TITLE PD NAME LABRASCIO, BARBARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS MARKHAM D 79 CITY-ST-ZIP DEERFIELD BEACH, FL 33442		
TITLE DV NAME SAWYER L, PHYLLIS <input checked="" type="checkbox"/> Delete STREET ADDRESS 69 MARKHAM D CITY-ST-ZIP DEERFIELD BEACH, FL 33442	TITLE TSD NAME SHIRLEY ROSS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 71 Markham D CITY-ST-ZIP D.B 71 33442		
TITLE SD NAME LOSS, SHIRLEY <input type="checkbox"/> Delete STREET ADDRESS 71 MARKHAM D CITY-ST-ZIP DEERFIELD BEACH, FL 33442	TITLE PD NAME LOBASCIO, Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 76 Markham D CITY-ST-ZIP D.B 71 33442		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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>Barbara Lobascio</u>		Date <u>4/1/06</u> Daytime Phone # <u>(954) 428-1825</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA LOBASCIO			