

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED AND FILED
03 JUN -5 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730013**
1. Entity Name
Markham "D" Condo Assoc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40
3. Mailing Address
**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■ COOCVE ■**

04/18/03 90478 001 \$61.25
DO NOT WRITE IN THIS SPACE

City & State
**3501 West Drive
Deerfield Bch., FL 33442-2085**

Zip Country Zip Country

4. FEI Number
59-1898520

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
**CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. ■ COOCVE ■**

Street
3501 West Drive

City
Deerfield Bch., FL 33442-2085

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 *Jack Miller* DATE *5/6/03*

FEE IS \$61.25 (Initial or Amended UBR)

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			
TITLE <i>Pres</i> NAME <i>Barbara LaBraccio</i> STREET ADDRESS <i>markham D 76</i> CITY-ST-ZIP <i>Deerfield Bch FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <i>V.P.</i> NAME <i>Jack Rosenthal</i> STREET ADDRESS <i>markham D 78</i> CITY-ST-ZIP <i>Deerfield Bch FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <i>Secs.</i> NAME <i>Joseph Annarella</i> STREET ADDRESS <i>mark D 71</i> CITY-ST-ZIP <i>Deerfield Bch FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE <i>Secs.</i> NAME <i>Shirley Levin</i> STREET ADDRESS <i>mark D 79</i> CITY-ST-ZIP <i>Deerfield Bch FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <i>DIR.</i> NAME <i>Barbara LaBraccio</i> STREET ADDRESS <i>markham D 76</i> CITY-ST-ZIP <i>Deerfield Bch FL 33442</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Annarella* DATE *4/18/03* DAYTIME PHONE # *954-570-9122*

CR2E0376 (12/02)