

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730021 (3)  
1. Corporation Name

ELLESMERE "A" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
% DAVE RUDMAN ELLESMERE A 1001 DEERFIELD BCH FL 33442  
% DAVE RUDMAN ELLESMERE A 1001 DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified 06/21/1974  
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1898494  
Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | RUDMAN, DAVE       |                                 |
| STREET ADDRESS | ELLESMERE A 1001   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |
| TITLE          | VD                 | <input type="checkbox"/> DELETE |
| NAME           | COHEN, IRVING      |                                 |
| STREET ADDRESS | ELLESMERE A 2004   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | POLAN, NAT         |                                 |
| STREET ADDRESS | ELLESMERE A 1005   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | BLANCO, DOMINIC    |                                 |
| STREET ADDRESS | ELLESMERE A 4002   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |
| TITLE          | D                  | <input type="checkbox"/> DELETE |
| NAME           | HELLER, JACK       |                                 |
| STREET ADDRESS | ELLESMERE A 1010   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |
| TITLE          | T                  | <input type="checkbox"/> DELETE |
| NAME           | GREENE, SID        |                                 |
| STREET ADDRESS | ELLESMERE A 3002   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |                                 |

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | S/D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | DOROTHY WELER         |  |
| 1.3 STREET ADDRESS | ELLESMERE A 3010      |  |
| 1.4 CITY-ST-ZIP    | DEERFIELD BEACH FL    |  |
| 2.1 TITLE          | D.                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | TUD - BERKOWITZ       |  |
| 2.3 STREET ADDRESS | ELLESMERE A 3010      |  |
| 2.4 CITY-ST-ZIP    | DEERFIELD BEACH FL    |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | 000001797780          |  |
| 4.3 STREET ADDRESS | -04/29/96--01024--001 |  |
| 4.4 CITY-ST-ZIP    | ***15128.75           |  |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                       |  |
| 6.3 STREET ADDRESS |                       |  |
| 6.4 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: David Rudman - President 1/17/96 (954) 428-3195  
Date Daytime Phone #

CR2E037 (12/95)