2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 MAY 10 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66413060

MOORE CR2E037 (11/03)

DOCUMENT # 730023

1. Entity Name

ELLESMERE "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CONDO OWNERS ORG OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	CONDO OWNERS ORG OF CENTURY VILLAGE E 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 59-1881866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZIAZTION OF CENTU
RY VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KOOSER, THERESA ELLESMERE C 164 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSELLO, VITA ELLESMERE C 166 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000034620740 04/29/04--01020--001 **15006.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD RANDALL, GAIL ELLESMERE C 174 DEERFIELD BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition APP'D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~COHEN, ESTELLE~~ ELLESMERE C 169 DEERFIELD BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELMERICO, TERESA ELLESMERE C 161 DEERFIELD BCH, FL. 33442 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNKNOPF, RICHARD ELLESMERE C 179 DEERFIELD BCH, FL. 33442 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anne Bernknopf	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, SUZANNE 176 ELLESMERE C DEERFIELD BCH, FL. 33442 ☐ Change ☑ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vita Russello VITA RUSSELLO 4/30/04 (954)428-5956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #