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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

734580

(4)

## RICHMOND "D" CONDOMINIUM ASSOCIATION, INC.

111011111							
Principal Place of Business		Mailing Address		SABANY NODOBO NINK BINDA KINKU KAKU	Bhis aidis diffit fhan atau b	HANT MINIT AND I	
H. RUDIN RICHMOND "D" #31. CENTURY VILLAGE DEERFIELD BEACH FL 33442		H. RUDIN RICHMOND "D" #31. CENTURY VILLAGE DEERFIELD BEACH FL 33442		Date Incorporated or Qualified	3a. Date of Last R		
					12/11/1975	04/27/19	96
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21 Cuito Act	Y ata	Suite, Apt. #, etc.			59-1895052		t Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required		
City & State	1	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added I	
Zip Country		Zip Country		8. This corporation has liability for			
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	gistered Agent	
				1 Name			
CONDO. OWNERS ORGAN. OF CENTURY VILLAGE E				2 Street	Address (P.O. Box Number Is Not Accepta	ole)	
3501 WEST DRIVE				3			
DEERFIE	ELD BEACH FL 33442-2085		Ľ	1	· · · · · · · · · · · · · · · · · · ·		
			8-	City		FL 85 Zip	Code
11. Pursuant to	o the provisions of Sections 617.050	2 and 617,1508, Florida Statu	tes, the abo	ve-named	corporation submits this statement for the poration's board of directors. I hereby acce		s registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Secti <b>o</b> n 617.0503, F	authorized t Iorida Statuti	by the corp es.	poration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	HARRY RUDIN 1	Horny Ruder-				1/11/97	
	Signature, typed or printed name of registered age			gent elgnature	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE /	OC IN 10
12. TITLE	V OFFICERS ANI	DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFI	Chance	Addition
NAME	WURAFTIC, JOSEPH	L.J DECETE	1.2 NAME		600005	159576	B
STREET ADDRESS	RICHMOND D 32			ET ADDRESS	600002 -04/29	/9701109	001
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY	ST-ZIP	**1519	30.00 ****	61.25
TITLE	D	DELETE				☐ Change	Addition
NAME	KOVARS, NATHAN		2.2 NAME	•	:		
STREET ADDRESS	RICHMOND D 18		2.3 STRE	ET ADDRESS	·		
CITY-SY-ZIP	DEERFIELD BEACH FL			-ST-ZIP		Change	Addition
TITLE	D				·	L.J Change	L. Audilion
NAME Street address	LETT, FLORENCE RICHMOND D 28		1	3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			-ST-ZIP			
TITLE	ρ	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	RUDIN, HARRY		4.2 NAM	E			
STREET ADDRESS	RICHMOND D 31		4.3 STRE	EY ADDRESS	<b>[</b> .		
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 DITY		<u> </u>		12.00
TITLE	D ALAT	☐ DELETE	5.1 TITLE			Change	Addition
NAME OTOGET ADDRESS	LEITNER, NAT		5.2 NAMI		Mul28		
STREET ADDRESS	RICHMOND D23 DEERFIELD BEACH FL		5.3 STRE	ET ADDRESS	RIME		
CITY-ST-ZIP TITLE	T DESCRIPTION	☐ DELETE	6.1 TITLE		<b>1</b> -	☐ Change	Addition
NAME	KOVARS, ESTHER		6.2 NAM			•	
STREET ADDRESS	RICHMOND D 18		6.3 STRE	ET ADDRESS		6.	,
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY	-ST-ZIP			
14. I do hereb	y certify that the information supplied indicated on this annual report or s	d with this filing does not qua	lify for the extrue and acc	comption a	stated in Section 119.07(3)(i), Florida Statut I that my signature shall have the same led	es. I further certify that	the der path: that
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 of 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:

ATURE AND TYPED OR PRINTED NAME OF SKINMAN DEFICER OR DIRECTOR

Dale

APPROVED AND

97 APR 28 AH 10: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daylime Phone D0786

1/27/97