

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

**DOCUMENT # 735214**

1. Entity Name

GRANTHAM D CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66413083



MOORE CR2E037 (11/03)

Principal Place of Business  
C/O COOCVE  
3501 WEST DRIVE  
DEERFIELD BCH FL 33442-2085

Mailing Address  
C/O COOCVE  
3501 WEST DRIVE  
DEERFIELD BCH 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

59-1852862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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 PD  
NAME MALIN, JACK ☐ Delete  
STREET ADDRESS GRANTHAM D #5  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME 800034617718  
STREET ADDRESS 04/29/04--01020--001 \*\*15006.25  
CITY-ST-ZIP

TITLE D  
NAME WEINSTEIN, MILDRED ☐ Delete  
STREET ADDRESS GRANTHAM D 16  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME SHERIFF, HERMAN ☐ Delete  
STREET ADDRESS GRANTHAM D IZA  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME MALIN, SHIRLEY ☐ Delete  
STREET ADDRESS GRANTHAM D 5  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME MALIN, SHIRLEY ☐ Delete  
STREET ADDRESS GRANTHAM D 5  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-04 954-4261072

Date

Daytime Phone #