

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

**DOCUMENT # 735215**

1. Entity Name

**GRANTHAM B CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O GRANTHAM 'B', #338  
 CENTURY VILLAGE  
 DEERFIELD BCH FL 33442

GRANTHAM B  
~~128~~ 135  
 DEERFIELD BCH FL 33442-3404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

4. FEI Number

59-1887533

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

Country

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  
 VILLAGE EAST, INC.  
 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.

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 \$81.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	COHEN, MARTIN	
STREET ADDRESS	GRANTHAM B 4 33	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BLACKER, ARNOLD	
STREET ADDRESS	GRANTHAM 324 B	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WEINER, IRWIN	
STREET ADDRESS	GRANTHAM B 135	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	VALARO, SELMA	
STREET ADDRESS	GRANTHAM B 228	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, IRVIN	
STREET ADDRESS	GRANTHAM B 123	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ADD PHYLLIS BLACKER	<input type="checkbox"/> Delete
NAME	GRANTHAM B 324	
STREET ADDRESS	DEERFIELD BEACH, FL 33442	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HANK SHERIFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANTHAM B 227	
STREET ADDRESS	DEERFIELD BEACH, FL 33442	
CITY-ST-ZIP		
TITLE	WILHEMINA DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANTHAM B 423	
STREET ADDRESS	DEERFIELD BEACH, FL 33442	
CITY-ST-ZIP		
TITLE	ADD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 OF IRWIN WEINER 1/24/00 954-419-926  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)