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 # 736309 (6)

1. Corporation Name
UPMINSTER "G" CONDOMINIUM ASSOCIATION, INC..

Principal Place of Business
C/O PHILIP GRAVITZ
UPMINISTER K- 3029
DEERFIELD BCH FL 33442

Mailing Address
C/O PHILIP GRAVITZ
UPMINISTER K- 3029
DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified: 07/07/1976
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-1905998 — Applied For / Not Applicable

2. Principal Place of Business
21 C/O MARVIN ROTHMAN
Suite, Apt. #, etc.
22 UPMINSTER-G 151
City & State
23 DEERFIELD BEACH, FL
Zip 24 33442 Country 25

2a. Mailing Address
26 C/O MARVIN ROTHMAN
Suite, Apt. #, etc.
27 UPMINSTER-G 151
City & State
28 DEERFIELD BEACH, FL
Zip 29 33442 Country 30

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROTHMAN, MARVIN	
STREET ADDRESS	151 UPMINSTER G	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPD	☐ DELETE
NAME	BERLINER, SARAH	
STREET ADDRESS	156 UPMINSTER G	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	☐ DELETE
NAME	SMALL, SAUL	
STREET ADDRESS	UPMINSTER G 152	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	☐ DELETE
NAME	SONENFELD, MARTHA	
STREET ADDRESS	UPMINSTER G-158	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD.	☑ Change ☐ Addition
2.2 NAME	JULIUS APPELBAUM	
2.3 STREET ADDRESS	146 UPMINSTER-G	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	100001797681	☐ Change ☐ Addition
4.2 NAME	-04/29/96--01024--001	
4.3 STREET ADDRESS	***15128.75	
4.4 CITY-ST-ZIP		
5.1 TITLE	4/27/96 CMC	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: Marvin Rothman PRES FEB. 6, 1996 (954) 570-8674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARVIN ROTHMAN - PRES

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