2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F | 04 | 18 = 2003 | 90478 | 001 | 14,700.00 736309

1. Entity Name UPMINSTER "G" CONDOMINIUM ASSOCIATION, INC					O3 APR 25 AM II: 14 SEGMENARY OF STATE TALLAHASSEE, FLORIDA				
	:		,		# 10 120 10110 FIST à (11	112 ilil olea auu) 		
2. Principal P	Place of Business CONDOMINIO	M GWHERS ORG	ANIZATION COOCVE						
Suite, Apt. #, etc.					CHEC	CK HERE IF MAH	KING CHANGE	s	
City & State		Id Bch., FL 33442-1 City & State			4. FEI Number 59-1905998			Applied For]
Zip · Country Z		p Country		5. C	5. Certificate of Status Desired 5. See Required Fee Required			1	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.(COOCVE) 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
DEERFIEL	JU DEAUN FL 33442-2003		City				FL Zip Co	de	1
	named entity submits this statement for the putions of registered agent.	rpose of changing its re	egistered office or	registered age	nt, or both, in the S	State of Florida. I	am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered egent and title if a	ppticable. (NOTE: I	Registered Agent signate	ure required when rain	stating)	DA	TE		
FILE NOW: FEE IS \$61.25 9. Election Campaign Finan Trust Fund Contribution.					O May Be		eck Payable		
10.	OFFICERS AND DIRECTOR	s	11.	ADDITIO	ONS/CHANGES TO	OFFICERS AND	DIRECTORS I	V 10	_ ا
NAME STREET ADDRESS	SD ROTHMAN, FLORENCE 151 UPMINSTER G DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CR9E037 (10/02)
TITLE NAME	TO Appelbaum, Thelma Upminster G 146	☐ Defete	TITLE NAME STREET ADDRESS		. \ 6		☐ Change	☐ Addition	CR
	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		MMB				j
NAME STREET ADDRESS	PD SEGELBAUM, ALFRED 150 UPMINSTER G DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		in 1		Change	Addition .	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	erlify that the information supplied with this fillin	☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP		O OTYPONE TO ANY		Change	Addition	

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.