## 2005 NOT-FOR-PROFIT CORPORATION

## **FILED** May 25, 2005 8:00 am

ANNUAL REPORT (AR)				Secretary of State
DOCUN 1. Entity Name	MENT # 736314			05-05-2005 90139 001 15,373.75
UPMINSTER "M" CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business Mailing Address				
CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 CONDO OWNERS ORG. O 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085				VILLAGE , 66U18347
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulied
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	10.0 0V/VIEDO 000 05 05	NITHON VIII LAGE E	Name	
3501	IDO OWNERS ORG. OF CE I WEST DRIVE		Street Ad	Address (P.O. Box Number is Not Acceptable)
DEE	RFIELD BEACH FL 33442-2	:085	-	
L.			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 bite if applicable (NOTE Registered Agent signature required when revisiting)  DATE				
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Due By May 1, 2005  7. Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State				
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP	REAUME, LUELLA UMPMINSTER M-223 DEERFIELD BEACH FL 33442	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1 RUING 224 Coministers m
fITLE	TD CAPOCE HAY	EX Delete	11111 /	MAX CARBER Change X dition
STREET ADORESS	GARBER, MAX 220 UPMINSTER M		STREET ADDRESS	216 Upminister M
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	D. B. 7. 33442
TITLE *	D WURTZELL, CORINNE	Detete	TITLE T NAMÉ	Bill Dellinger South POWERLINE Pol Standition
STREET ADDRESS CITY-ST-ZIP	UPMINSTER M 214 DEERFIELD BEACH FL 33442		STREET ADDRESS CITY-ST-ZIP	DB-H 33442
DILE	PTD	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	INKELES, IRVING UPMINSTER M 224	•	NAME STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZMP	
TITLE	DANTUS, MYRA	☐ Delete	TITLE	Change ( Addition
STREET ADDRESS	UPMINSTER M 228		NAME STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	·	CITY-SI-ZIP	
TITLE NAME		☐ Delete	TITLE NAMÉ	Change Addition
STREET ADDRESS			STREET ADDRESS	1
CITY-ST-ZIP	ĺ		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filling 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 suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

Date

Date