

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 736314 1. Entity Name UPMINSTER "M" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1906010	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP DV REAUME, LUELLA UPMINSTER M-223 DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP PD MYRA DANTUS 228 UPMINSTER M DEERFIELD BEACH, FL 33442		
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP PD INKELES, IRVING 224 UPMINSTER M DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP SD SAIRLEY WOLF 220 UPMINSTER M D.B. FL 33442		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP D WURTZELL, CORINNE UPMINSTER M 214 DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP SD		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP D GARBER, MAX 218 UPMINSTER M DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP SD DANTUS, MYRA UPMINSTER M 228 DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP T DELLINGER, BILL 410 S POWERLINE RD DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input 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 exemptions contained in Chapter 119, 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, without other like empowered.					
SIGNATURE: <u>Luella Reaume</u> 4/1/06 (954) 570-8635 <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>					
<div style="text-align: center; font-size: 1.2em;"> LUELLA REAUME </div>					