2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2007 8:00 am Secretary of State

DOCUMENT #736688 1. Entity Name FARNHAM "N" CONDOMINIUM ASSOCIATION, INC.							04-27-2007	⁷ 90 235 001	1 15,496.25	
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			I CERTA LEREN CHITA			PIT B151891 21 1891	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt.			Suite, Apt. #, etc.				thg-NP (CR2E037 (12/0)6)	
City & State			City & State			4. FEI Number 59-192167	70	<u>_</u>	Applied For Not Applicable	
Zip	Country				intry	5. Certificate of Status Desired S8.75 Additional Fee Required				
CONDOM		SS of Current Register			7. Name and Address of New Registered Agent Name					
CONDOMINIUM OWNERS ORGANIZATION OF CEN' VILLAGE EAST INC. 3501 WEST DRIVE			FCENIURT		Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BEACH, FL 33442-2085										
					City	FL Zp Code				
a. 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										
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2007 Trust Fund Contribut					\$5.00 May Be Added to Fees	Added to Fees Florids Department of State				
10.	OFFIC	CERS AND DIRECTORS		11.		ADDITIONS/CHANG				
NAME	STIMMEL, DIANE				ענו ז	LORI OKUL) Farnha	□ Char A.J. A.J.	nge (CAddition	
STREET ADDRESS City-St-Zip					ET ADDRESS -ST-ZIP	2005 _D.B	3 71 334	142		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEINER, ADEL NAME STREET NAME NAME NAME NAME NAME NAME NAME NAME				ET ADORESS -ST-ZIP	100855 1008 Frenkam N 11-21 D.B H 37442				
TITLE NAME STREET ADDRESS CITY-ST-ZP	NAM Stre				ET ADDRESS -ST-ZIP	DE LANNIE ROSS CHANGE CHANGE OF Addition ADDRESS D.B. H. 33442				
TITLE MAME STREET ADDRESS CITY-S1-ZIP			☐ Delete		1 1000000	Plaine Bui 4010 to D.B.7	arnha	m ν		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete		ET ADDRESS ST-ZIP	D·B7 Dougla5D1 4009 L	RAKE Fara J.B.71 3	□ Chan 22000 22442	ge (2) Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		•			☐ Chan	nge 🗋 Addition	
12. Thereby 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 each; 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 office empowered.										
SIGNATURE: LORETTA OKUN 4/15/67 (954) 480-6267										