

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 10 PM 1:52

DOCUMENT # **737390** (5)

1. Corporation Name

**THE DEERFIELD CENTURY GOLF CLUB, INC.**

Principal Place of Business

Mailing Address

GRANTHAM E 369  
DEERFIELD BCH FL 33442  
US

GRANTHAM E 369  
DEERFIELD BCH FL 33442  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1976

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2152384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 GRANTHAM E 369

23 City & State

27 City & State  
DEERFIELD BEACH, FL

24 Zip

25 Country

29 Zip

30 Country

33442

BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOMBERG, NATHAN  
LYNDHURST K-4051  
CENTURY VILLAGE  
DEERFIELD BCH FL 33441

81 Name  
ESTHER LEFKOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)  
GRANTHAM E 369

84 City  
DEERFIELD BEACH

85 Zip Code  
FL 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

ESTHER LEFKOWITZ

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

*Esther Lefkowitz* 3/31/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>POPELSKY, NATHAN</del>
NAME	<del>RICHMOND C 216</del>
STREET ADDRESS	<del>DEERFIELD BEACH FL</del>
CITY - ST - ZIP	
TITLE	<del>POPELSKY, NATHAN</del>
NAME	<del>FERRERO, GENE</del>
STREET ADDRESS	<del>LYNDHURST N 2095</del>
CITY - ST - ZIP	<del>DEERFIELD BEACH FL</del>
TITLE	FS
NAME	RABINOWITZ, ULIAN
STREET ADDRESS	HARWOOD A 2
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	S
NAME	<del>FRIEDMAN, MYRTLE</del>
STREET ADDRESS	<del>VENTNOR C 1650</del>
CITY - ST - ZIP	DEERFIELD BCH, FL 00000
TITLE	D/VP
NAME	BACLAR, ALBERT
STREET ADDRESS	LYNDHURST N 2063
CITY - ST - ZIP	DEERFIELD BCH, FL 00000
TITLE	D
NAME	DOROTHY POPELSKY
STREET ADDRESS	RICHMOND C 216
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442

1.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESTHER LEFKOWITZ	
1.3 STREET ADDRESS	GRANTHAM E 369	
1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAX WEINSTEIN	
2.3 STREET ADDRESS	NEWPORT G3006	
2.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES PARLATORE	
3.3 STREET ADDRESS	WESTBURY B28	
3.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAE LEVINE	
4.3 STREET ADDRESS	TILFORD W 486	
4.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
5.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARTHUR KEYSER	
5.3 STREET ADDRESS	RESWICK C 251	
5.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARILYN GOLDIN	
6.3 STREET ADDRESS	RICHMOND E241	
6.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	

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 110.07(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:

ESTHER LEFKOWITZ *Esther Lefkowitz* 3/31/95 305-428-9471