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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737632** (0)
1. Corporation Name
FARNHAM 'O' CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business FARNHAM 'O' 2022/CVE DEERFIELD BEACH FL 33442	Mailing Address FARNHAM 'O' 2022/CVE DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 12/23/1976	3a. Date of Last Report 04/27/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1921751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD GLUCKMAN, MELVIN	<input type="checkbox"/> DELETE
NAME	3025 FARNHAM-O	
STREET ADDRESS	DEERFIELD BEACH FL	
CITY-ST-ZIP		
TITLE	D SIMON, BENJAMIN	<input checked="" type="checkbox"/> DELETE
NAME	1033 FARNHAM-D	
STREET ADDRESS	DEERFIELD BEACH FL	
CITY-ST-ZIP		
TITLE	S GUDEMAN, ADOLPH	<input checked="" type="checkbox"/> DELETE
NAME	2033 FARNHAM O	
STREET ADDRESS	DEERFIELD BCH. FL 33442	
CITY-ST-ZIP		
TITLE	T CHANDLER, PHYLLIS	<input type="checkbox"/> DELETE
NAME	3024 FARNHAM O	
STREET ADDRESS	DEERFIELD BEACH FL	
CITY-ST-ZIP		
TITLE	PD LANDESMAN, ROY	<input type="checkbox"/> DELETE
NAME	2022 FARNHAM -O	
STREET ADDRESS	DEERFIELD BEACH FL	
CITY-ST-ZIP		
TITLE	D MARGULIES, DAVID	<input type="checkbox"/> DELETE
NAME	2023 FARNHAM O	
STREET ADDRESS	DEERFIELD BEACH FL 33442	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	B. L. RUOTALA
2.3 STREET ADDRESS	2034 Farnham 'O'
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D TURNER, CHARLES
3.3 STREET ADDRESS	4031 FARNHAM O
3.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200002159412--O
4.3 STREET ADDRESS	-04/29/97--01109--001
4.4 CITY-ST-ZIP	**15190.00 *****61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: **Roy Landsman** REQUIRED **Roy Landsman Pres 2/14/97**

CFR2E037 (9/96)