

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90235 001 15,496.25

DOCUMENT # 737633 1. Entity Name FARNHAM "K" CONDOMINIUM ASSOCIATION, INC.																	
Principal Place of Business CONDO OWNERS ORG OF CNTRY VILL. E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address CONDO OWNERS ORG OF CNTRY VILL. E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country														
02172007		Chg-NP		CR2E037 (12/06)													
4. FEI Number 59-1865969				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION OF CENTURY CONDO OWNERS ORG OF CNTRY VILL. 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 _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small>																	
Filing Fee is \$61.25 Due by May 1, 2007		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																	
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> PD KAPLAN, NORMAN 254 FARNHAM K DEERFIELD BEACH, FL 33442 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> D CAMERON, LESLIE 252 FARNHAM K DEERFIELD BEACH, FL 33442 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> DT TESTA, HELEN 241 FARNHAM K DEERFIELD BEACH, FL 33442 </td> <td style="text-align: right; padding: 5px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> SD TURRANSKY, PHYLLIS 242 FARNHAM K DEERFIELD BEACH, FL 33442 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> DV GLICKMAN, LENNY 255 FARNHAM K DEERFIELD BEACH, FL 33442 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> </table>					PD KAPLAN, NORMAN 254 FARNHAM K DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	D CAMERON, LESLIE 252 FARNHAM K DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	DT TESTA, HELEN 241 FARNHAM K DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	SD TURRANSKY, PHYLLIS 242 FARNHAM K DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	DV GLICKMAN, LENNY 255 FARNHAM K DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																	
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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, with all other like empowered.																	
SIGNATURE: <u>Norman Kaplan</u> NORMAN KAPLAN 4/15/07 (954)428-1409																	