

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 737636

1. Entity Name
RICHMOND "E" 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**

66011715



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1900352

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDO OWNERS ORG OF CENTURY VILLAGE EAST
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085**

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

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

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V**
NAME **GARCY, CAROL**
STREET ADDRESS **439 RICHMOND NE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442** ☒ Delete

TITLE **PD**
NAME **CAROL GARCY**
STREET ADDRESS **439 Richmond 'E'**
CITY-ST-ZIP **D.B.H 33442** ☐ Change ☒ Addition

TITLE **DV**
NAME **BRESLAVER, LESTER**
STREET ADDRESS **142 RICHMOND E**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE **JPD**
NAME **MINA LUSTIGER**
STREET ADDRESS **136 Richmond 'E'**
CITY-ST-ZIP **D.B.H 33442** ☐ Change ☒ Addition

TITLE **TD**
NAME **PHILLIPS, JOHN D**
STREET ADDRESS **334 RICHMOND E**
CITY-ST-ZIP **DEERFIELD BEACH, FL** ☒ Delete

TITLE **TD**
NAME **ANGELICA ESPIZUA**
STREET ADDRESS **438 Richmond 'E'**
CITY-ST-ZIP **D.B.H 33442** ☐ Change ☒ Addition

TITLE **SDV**
NAME **GOLDMAN, JOAN**
STREET ADDRESS **442 RICHMOND E**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442** ☒ Delete

TITLE **SD**
NAME **BARBARA COLT**
STREET ADDRESS **433 Richmond 'E'**
CITY-ST-ZIP **D.B.H 33442** ☐ Change ☒ Addition

TITLE **PD**
NAME **BERGER, CECILE**
STREET ADDRESS **RICHMOND E 430**
CITY-ST-ZIP **DEERFIELD BCH, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD**
NAME **TROBMAN, JACK**
STREET ADDRESS **140 RICHMOND E**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Carol L. Garcy **CAROL L. GARCY** 03-27-08 (954)428-6104

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Date

Daytime Phone #