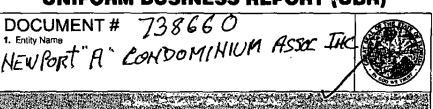
NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPHOVED AND FILED

03 JUN -5 PM 3:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CÓNDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. III COOCYE III
SSD1 West Drive

3344Z

Deerfield Bah., FL 33442-2085

BROWARD

04/18/03-90478001 \$61.

4. FEI Number 59-1899330

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

DO NOT WRITE INTHIS SPACE

CONDOMINIUM OWNERS ORGANIZATION
OF CENTURY VILLAGE E., INC. # COOCYE H
3501 West Drive
Desried Sch., FL 39442-2085

de 942

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or noth, in the state of Florida. Tam familiar with, and accept the obligations of registered agent.

SIGNATURE

3344*7*

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

MULL SHEK MI CLERK

(NOTE: Registered Agent signature required when reinstaling)

5/6/03 DATE

FEE IS \$61/25 initial or Amended UBR Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to

INDE OF ADBROOD USA		Added to rees	FORM VEOR	
10. OFFICERS AND DIRECTORS				
TITLE PRESIDENT DIR.	smile 2		THE PARTY OF THE P	
NAME IRA GROSSHAM	NAME 2			
STREET ADDRESS 20 HEWPORT A	STREET ADDRESS			
CITY-ST-ZIP Deletielo BEACH, FLA 334				ar (Sean North
THE VICE PRESIDENT	Nime of the second			
NAME SOE LA GASCIA	NULE S			
STHEET ADDRESS 2. HEWPORT A	STREET ADDRESS			
CITY-ST-ZIP DEERFIELD BEACH FL 334	142 CITY ST ZP			
TREASURER /D	ame .			
NAME MICHAIL CAPOSS MAN	NAME	- transfer		
STREET ADDRESS 20 MENIPORT A	STREET ADDRESS	D/	O NOT WRIT	:
STREET ADDRESS LO NEW PORT A CITY-ST-ZIP DELL FIELD BEACH FL 334	14.2 CITY SI ZE			
TITLE SECRETARY DIR. NAME LILIAH BLOOM STREET ADDRESS 17 NEWFORT A	TITLE	A SEIN	THIS SPACE	E
NAME LILIAH BLOOM	NAME:			L
STREET ADDRESS 17 NEWPORT A	STREET ADORESS			
CITY-SI-ZIP DULFIELD BEACH FL 33	442 CITY-ST-7P			
TITLE	line			
NAME	NAME			
STREET ADDRESS	STREET ADDRESS			
CITY-ST-ZIP	COTY ST. ZIP			
TITLE	inc.			
NAME	NAME			
STREET ADDRESS	STREET ADDRESS			
CITY-ST-ZIP	CUTY-ST-2P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LINE PERMIT

12. I 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 report or supplied ental 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 on an attachment with an address, yith all other liber appowered.

SIGNATURE:

SHOMATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIS

2/10-03

934 419 9239

Jete .

Daytime Phone *