2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # 740422** 1. Entity Name TILFORD "D" CONDOMINIUM ASSOCIATION, INC. 04-14-2001 90045 001 15-067-50 Principal Place of Business Mailing Address TILFORD D-05 AJ WALLACE MGT DEERFIELD BEACH FL 33442 P.O. BOX 273632 **BOCA RATON FL 33427** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1955116 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST 3501 WEST DRIVE Zip Code City DEERFIELD BEACH FL 33442-2085 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. $\overline{\mathbf{QQ}}$ Change Addition TITLE TITLE ☐ Delete BERMAN, LOUIS BERMAN, LOUIS NAME NAME TILFORD D 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL $\overline{\mathsf{Q}}$ SD 🗶 Delete TITLE Change Change Addition TITLE GOMEZ, KATHY ELGORT, DORIS NAME TE TILFORD D DEERFIELD BEACH, FL 33442 STREET ADDRESS TILFORD D 81 STREET ADDRESS CITY-ST-ZIF **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE STD Addition Deleta TITLE BERLAND, BLANCHE FRESCO, LEE NAME NAME 68 TILFORD D STREET ADDRESS TILFORD, D-65 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE ☐ Dalete TITLE ☐ Addition MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Спапре ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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: