2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 740422



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2. Principal Place of Business	Principal Plac	ce of Business	Mailing Address			1.	ALLAHAS	SSEE, F	LORIDA	
Surie, Apt. 4, etc. Chy & State Chy & State Country Country Country Country Country Country Conditional For Required For Required For Required Street Address of Current Registered Agent Name CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLage EAST 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 City FL Cit	3501 WEST	DRIVE	GE E CONDO OWNERS ORO 3501 WEST DRIVE		Y VILLAGE		6641.	3201	- 11811 81811 DIGN WI	
City & State City & State City & State City & State Country C	2. Principal F	Place of Business	3. Mailing Address							
Service Serv	Suite, Apt. #, etc.		Suite, Apt. #, etc.			М	OORE	CR2E03	7 (11/03)	
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with,	City & Sta	le	City & State			4. FEI Number 5	9-1955116	3		
CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 8. The above named entity submits in its statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State Flite NOW. Fl	Zip			Country		5. Certificate of St	atus Desired			
CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 with an accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 Due By May 1: 2004 9. Election Campaign Financing Trust Fund Contribution. PILE NOW: FEE IS \$61.25 Due By May 1: 2004 9. Election Campaign Financing Trust Fund Contribution. THE NAME SIRET ADDRESS OFFI-ST-2P DEEPFIELD BEACH FL 334442 DEFRICATION CLAIRE THE NAME SITEST ADDRESS OFFI-ST-2P DEEPFIELD BEACH FL 334442 Delete TILE Delete TILE Delete TILE NAME SITEST ADDRESS OTT-51-2P DEEPFIELD BEACH FL 334442 Delete TILE NAME SITEST ADDRESS OTT-51-2P DEEPFIELD BEACH FL 334442 Delete TILE NAME SITEST ADDRESS OTT-51-2P DELETIFIELD BEACH FL 334442 Delete TILE NAME SITEST ADDRESS OTT-51-2P DELETIFIELD BEACH FL 334442 DELETIFIELD BEACH FL 33442 DELETIFIED BEACH FL 33442 DELETIFIED BEACH FL 33442 DELETIFIED BEACH FL	-	6. Name and Address of Current	Registered Agent	Name	e	7. Name and Add	ress of New R	egistered /	Agent	
B. 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	VIL	LAGE EAST	SANIZATION CENTUR	× L		P.O. Box Number is I	Not Acceptable	3)		
B. 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, or posts, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept with a part of the part of t			2085							
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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.

BULL DELLINGER
SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR