2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

740422 DOCUMENT # 740422 03 APR 25 PM 1: 34 1. Entity Name TILFORD "D" CONDOMINIUM ASSOCIATION, INC. CEULENARY CASTATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address CONDOMINUM OWNERS ORGANIZATION OF CENTURY VILLAGE B., INC. # COCCYP1 3501 West Ditvo 144 Sch., FL 33442-2055 CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1955116 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONDOMINIUM OWNERS ORGANIZATION CENTURY Street Address (P.O. Box Number is Not Acceptable) VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 City 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 reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE VD Change ☐ Delete TITL F ■ Addition NAME BERMAN, LOUIS NAME TILFORD D 83 STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DEERFIELD BEACH FL T5D TITLE Delete ☐ Change Addition TITLE COLLARD, CLAIRE GOMEZ, KATHY NAME NAME STREET ADDRESS 78 TILFORD D STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP Delete Change TITLE TITLE Addition BERLAND, BLANCHE NAME NAME STREET ADDRESS 68 TILFORD D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE ☐ Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 seport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

04-18-2003 90478 001 14,700.00

SIGNATURE:

changed, or on an attach