

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

<b>DOCUMENT # 740426</b> 1. Entity Name TILFORD "H" 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1922235</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P <input type="checkbox"/> Delete NAME GOLD, SUNNY STREET ADDRESS TILFORD H 158 CITY-ST-ZIP DEERFIELD BEACH, FL 33442			TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JOAN MANGINI STREET ADDRESS 164 TILFORD H CITY-ST-ZIP DEERFIELD BEACH, FL 33442		
TITLE VS <input checked="" type="checkbox"/> Delete NAME HERSHEY, ANNIE STREET ADDRESS 157 TILFORD A CITY-ST-ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME MANGINI, PATRICK STREET ADDRESS TILFORD H 164 CITY-ST-ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME CARON, PAUL STREET ADDRESS TILFORD H 156 CITY-ST-ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME BRUMER, IRENE STREET ADDRESS TILFORD H 163 CITY-ST-ZIP DEERFIELD BEACH, FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Sunny Gold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR</small> Sunny Gold			Date: <u>3-1-06</u> Day and Month		