

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740428

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** TILFORD "J" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

COOCVE  
3501 WEST DRIVE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

COOCVE  
3501 WEST DRIVE  
DERFIELD BCH, FL 33442

**New Mailing Address:**

COOCVE  
3501 WEST DRIVE  
DEERFIELD BCH, FL 33442

**FEI Number:** 59-1921803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTERSON, MARY  
186 TILFORD J  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PATTERSON, MARY  
Address: 186 TILFORD J  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP  
Name: MORDECAI, BEN  
Address: 206 TILFORD J  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S  
Name: MORDECAI, HENRIETTE  
Address: 206 TILFORD J  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D  
Name: CARARO, MARY  
Address: 204 TILFORD J  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D  
Name: KLEINMAN, IRVING N  
Address: 187 TILFORD J  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY PATTERSON

P

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date