

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

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DOCUMENT # 740431 1. Entity Name TILFORD "M" 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 - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-1921346 ☐ Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																									
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 _____ FL 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 re-registering) DATE _____																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ALOISI, ROSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>284 TILFORD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BCH, FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>OPPER, IRWIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>265 TILFORD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ELLIS, SYLVIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>271 TILFORD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BCH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SIDRAN, ROSLYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>266 TILFORD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>KELLY, ANDRE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>276 TILFORD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>NASRALLA, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>261 TILFORD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>						TITLE	PSD	☐ Delete	NAME	ALOISI, ROSE		STREET ADDRESS	284 TILFORD M		CITY-ST-ZIP	DEERFIELD BCH, FL 33442		TITLE	VD	☐ Delete	NAME	OPPER, IRWIN		STREET ADDRESS	265 TILFORD M		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		TITLE	TD	☐ Delete	NAME	ELLIS, SYLVIA		STREET ADDRESS	271 TILFORD M		CITY-ST-ZIP	DEERFIELD BCH, FL		TITLE	D	☐ Delete	NAME	SIDRAN, ROSLYN		STREET ADDRESS	266 TILFORD M		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		TITLE	D	☐ Delete	NAME	KELLY, ANDRE		STREET ADDRESS	276 TILFORD M		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		TITLE	D	☐ Delete	NAME	NASRALLA, BARBARA		STREET ADDRESS	261 TILFORD M		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>Rose Aloisi</u> ROSE ALOISI <u>4/10/08</u> <u>(954) 421-8875</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																													