

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **740432** (0)

1. Corporation Name

**TILFORD "N" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**TILFORD N-281  
CENTURY VILLAGE  
DEERFIELD BEACH FL 33442**

**TILFORD N-281  
CENTURY VILLAGE  
DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified

**10/14/1977**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

**21 90 Bill DELLINGER, MGR.**

Suite, Apt. #, etc.

**22 410 S. POWERLINE RD.**

City & State

**23 DEERFIELD Bch, FL.**

Zip

**24 33442**

Country

2a. Mailing Address

**26 90 Bill DELLINGER, MGR.**

Suite, Apt. #, etc.

**27 410 S. POWERLINE RD.**

City & State

**28 DEERFIELD Bch, FL.**

Zip

**29 33442**

Country

**30**

4. FEI Number

**59-1836036**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COOCVE  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **PERLROTH, PAULINE**  
STREET ADDRESS **TILFORD N 284**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **PD** ☒ DELETE

NAME **WALDMAN, HARRY**  
STREET ADDRESS **TILFORD N-281**  
CITY-ST-ZIP **DEERFIELD Bch, FL 0**

TITLE **T** ☐ DELETE

NAME **LEFKOWITZ, LEAH**  
STREET ADDRESS **TILFORD N 293**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **D** ☒ DELETE

NAME **KAPLOWITZ, ANNE**  
STREET ADDRESS **TILFORD N300**  
CITY-ST-ZIP **DEERFIELD Bch, FL 0**

TITLE **SWP** ☐ DELETE

NAME **KRASNER, GLORIA**  
STREET ADDRESS **TILFORD N-289**  
CITY-ST-ZIP **DEERFIELD Bch, FL 0**

TITLE **SD** ☐ DELETE

NAME **SAIDENS, MARY**  
STREET ADDRESS **TILFORD N-299**  
CITY-ST-ZIP **DEERFIELD Bch, FL 0**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/D** ☐ Change ☒ Addition

1.2 NAME **BAGLIVO, DORA**  
1.3 STREET ADDRESS **TILFORD N 302**  
1.4 CITY-ST-ZIP **DEERFIELD Bch, FL.**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **ALTERMAN, Florence**  
2.3 STREET ADDRESS **TILFORD N 292**  
2.4 CITY-ST-ZIP **DEERFIELD Bch, FL.**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**100001797661**

**-04/29/96--01024--001**

**\*\*\*15128.75**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **PD** ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**KRASNER, GLORIA**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gloria Kraser - Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GLORIA KRASNER**

**1/29/96**

**954-**

**427-1787**

Daytime Phone #

CR2E037 (12/95)