

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90163 001 14,638.75

DOCUMENT # 740432

1. Corporation Name

TILFORD "N" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C O BILL DELLINGER, MGR.  
410 S. POWERLINE RD.  
DEERFIELD BEACH FL 33442

Mailing Address

C O BILL DELLINGER, MGR.  
410 S. POWERLINE RD.  
DEERFIELD BEACH FL 33442



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/14/1977

4. FEI Number

59-1836036

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 ☐ DELETE

NAME  
VD  
BAGLIVO, DORA  
STREET ADDRESS  
TILFORD N 302  
CITY-ST-ZIP  
DEERFIELD BCH. FL

TITLE ☐ DELETE

NAME  
D  
ALTERMAN, FLORENCE  
STREET ADDRESS  
TILFORD N 292  
CITY-ST-ZIP  
DEERFIELD BCH. FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
PD  
KANE, HELEN  
STREET ADDRESS  
TILFORD N 297  
CITY-ST-ZIP  
DEERFIELD BCH FL 33442

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Leah Lefkowitz 2/10/99 (954) 698-0475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_ (11/98)

0044705