

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740432

1. Entity Name

TILFORD "N" CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 1:43

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1836036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOCVE
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☐ Change ☒ Addition
NAME ROSEN, GERMAINE
STREET ADDRESS TILFORD N 289
CITY-ST-ZIP DEERFIELD BCH, FL 33442

TITLE D ☐ Delete
NAME LEVY, JOSEPH
STREET ADDRESS TILFORD N 281
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☐ Change ☐ Addition
NAME 300005257623
STREET ADDRESS -04/12/02--01058--001
CITY-ST-ZIP **15067.50 *****61.25

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Leah Lefkowitz LEAH LEFKOWITZ 1/25/02 698-0475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD-ENR 7 (9/01)

0005988