2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # 740432 1. Entity Name 04 APR 27 PM 5: 05 TILFORD "N" CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1836036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOCVE Street Address (P.O. Box Number is Not Acceptable) 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition ROSEN, GERMAINE 700034614007 NAME NAME TILFORD N 289 04/29/04--01020--001 \*\*15006.25 STREET ADDRESS STREET ADDRESS DEERFIELD BCH. FL 33442 CITY-ST-ZIP CITY-ST-ZIP DV D Change TITLE ☐ Delete TITLE Addition BAGLIVO, DORA NAME NAME TILFORD N 302 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY - ST- ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE LEFKOWITZ, LEAH NAME NAME TILFORD N 293 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE TITLE LEVY, JOSEPH KANE, HELEN NAME NAME TILFORD N 297 STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL 33442 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE SAIDENS, MARY TILFORD N-299 STREET ADDRESS STREET ADDRESS DEERFIELD BCH, FL 0 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change Change ☐ Detete SOHMER, IRVING TILFORD N 292 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

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.