FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01001--001
**32760.00 ****130.00

DOCUMENT # **740433** **(8)**

1. Corporation Name

TILFORD "O" CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
316 TILFORD O DEERFIELD BEACH FL 33442	316 TILFORD O DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **10/14/1977**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1922067** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATI-ON VILL EAST
3501 WEST DRIVE
DEERFIELD BCH. 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type(s) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROTKOWITZ, PETER	12 NAME		
STREET ADDRESS	305 TILFORD O	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FORMAN, HARRY	22 NAME		
STREET ADDRESS	321 TILFORD O	23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	ROTKOVITZ, SADIE	32 NAME		
STREET ADDRESS	305 TILFORD O	33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	EISENBERG, IRVING	42 NAME	RUGA, LEONARD	
STREET ADDRESS	323 TILFORD O	43 STREET ADDRESS	310 TILFORD O	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	44 CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	LENIHAN, LAURETTA	52 NAME		
STREET ADDRESS	312 TILFORD O	53 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	(305) 427-6193	☐ Change ☐ Addition
NAME	Peter Rotkowitz 1/17	62 NAME	BPS/1	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Peter Rotkowitz (PRES.) 1/17/95 (305) 427-6193
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0012406