

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 # 740433 (8)
1. Corporation Name
TILFORD "O" CONDOMINIUM ASSN INC.

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

3. Date Incorporated or Qualified 10/14/1997
3a. Date of Last Report 05/01/1994

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

4. FEI Number 59-1922067
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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
CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD PETER ROTHOWITZ <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER ROTHOWITZ	12 NAME	
STREET ADDRESS	305 TILFORD O	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	14 CITY-ST-ZIP	
TITLE	VD FORTHAN, HARRY <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTHAN, HARRY	22 NAME	
STREET ADDRESS	321 TILFORD O	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	24 CITY-ST-ZIP	
TITLE	SD ROTKOWITZ, SADIE <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTKOWITZ, SADIE	32 NAME	
STREET ADDRESS	305 TILFORD O	33 STREET ADDRESS	300001797883
CITY-ST-ZIP	DEERFIELD Bch FL 33442	34 CITY-ST-ZIP	-04/29/96--01024--001
TITLE	DD RUGA, LEONARD <input type="checkbox"/> DELETE	41 TITLE	***15128.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUGA, LEONARD	42 NAME	
STREET ADDRESS	310 TILFORD O	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	44 CITY-ST-ZIP	
TITLE	TD LENIHAN LAURETTA <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENIHAN LAURETTA	52 NAME	
STREET ADDRESS	312 TILFORD O	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD Bch FL 33442	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
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)(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: Peter Rothowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER ROTHOWITZ
Date: 3/4/96
Daytime Phone #: (954) 427-6193

CR2E037 (12/95)