

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90324 001 15,006.25

**DOCUMENT #** 740433 ✓

**1. Entity Name**  
 TILFORD "O" CONDOMINIUM ASSOC. INC.

**Principal Place of Business**      **Mailing Address**  
 TILFORD O-305      TILFORD O 305  
 DEERFIELD Bch FL 33442      DEERFIELD Bch FL 33442-2048

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number** 59-1923067      **Applied For**  **Not Applicable**

**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**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9799

DO NOT WRITE IN THIS SPACE

**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**

<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> PETER ROTKOWITZ	
<b>STREET ADDRESS</b> 305 TILFORD O	
<b>CITY-ST-ZIP</b> DEERFIELD Bch FL 33442	
<b>TITLE</b> P.D. PETER ROTKOWITZ	<input type="checkbox"/> Delete
<b>NAME</b> PETER ROTKOWITZ	
<b>STREET ADDRESS</b> 305 TILFORD O	
<b>CITY-ST-ZIP</b> DEERFIELD Bch FL 33442	
<b>TITLE</b> V.D. HARRY FORMAN	<input type="checkbox"/> Delete
<b>NAME</b> HARRY FORMAN	
<b>STREET ADDRESS</b> 321 TILFORD O	
<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33442	
<b>TITLE</b> S.D. SADIE ROTKOWITZ	<input type="checkbox"/> Delete
<b>NAME</b> SADIE ROTKOWITZ	
<b>STREET ADDRESS</b> 305 TILFORD O	
<b>CITY-ST-ZIP</b> DEERFIELD Bch FL 33442	
<b>TITLE</b> T.D. GEORGE BECKER	<input type="checkbox"/> Delete
<b>NAME</b> GEORGE BECKER	
<b>STREET ADDRESS</b> 308 TILFORD O	
<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33442	
<b>TITLE</b> D. LEONARD RUGA	<input type="checkbox"/> Delete
<b>NAME</b> LEONARD RUGA	
<b>STREET ADDRESS</b> 310 TILFORD O	
<b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33442	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Peter Rotkowitz      PETER ROTKOWITZ      5/1/2000 (451)      427-6193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Designation

CR2E037 (9/99)