

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 04-14-2001 90045 001 15,067.50

DOCUMENT # 740433

1. Entity Name

TILFORD "O" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~305 TILFORD O~~
DEERFIELD BEACH FL 33442

~~305 TILFORD O~~
DEERFIELD BEACH FL 33442

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

59-1922067

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

CONDOMINIUM OWNERS ORGANIZATI-OF VILL EAST
3501 WEST DRIVE
DEERFIELD BCH. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROTKOWITZ, PETER	
STREET ADDRESS	305 TILFORD O	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORMAN, HARRY	
STREET ADDRESS	321 TILFORD O	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROTKOWITZ, SADIE	
STREET ADDRESS	305 TILFORD O	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUGA, LEONARD	
STREET ADDRESS	316 TILFORD O	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BECKER, GEORGE	
STREET ADDRESS	308 TILFORD O	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELKER, DAVID	
STREET ADDRESS	319 TILFORD O	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, PATRICIA	
STREET ADDRESS	309 TILFORD O	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: GEORGE BECKER 1/16/2001 (954) 428-8672
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)