## **2002 UNIFORM BUSINESS REPORT (UBR)**

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DOCU 1. Entity Nam	MENT # <b>740433</b>				} }			
TILFORD "O" CONDOMINIUM ASSOCIATION, INC.					FILED SEURETARY OF STATE SIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address						IPR -3 PM		
305 TILFORD O DEERFIELD BEACH FL 33442  305 TILFORD O DEERFIELD BEACH FL 33442			2	į			4 - <b>14 4</b>	
<u> </u>	No. of Design	Ta de la constantina						ISE OCOUS EACH
2. Principal Place of Business 3. Mailing Address  Suite Apt. #, etc Suite, Apt. #, et								
308 Apt.	0	l	fi.	DO NOT WRITE IN	THIS SPACE			
DEEL FIELD BEACH. FL.		DESCH State BEACH FL		(	4. FEI Number Applied For Not Applicable			
<sup>Zio</sup> 33344	Country (L)	33440	Country		5. Certificate of Sta		\$8.75 Ad	ditional
001	6. Name and Address of Current F	Registered Agent			7. Name and Addr	ess of New Regis		
	<del></del>	<del></del>	Name					
CONDOMIN	Street A	Street Address (P.O. Box Number is Not Acceptable)						
CONDOMINIUM OWNERS ORGANIZATI-OF VILL EAST 3501 WEST DRIVE								<del></del>
DEERFIELD	) BCH: FL 33442-2085		City				FL Zip Cod	le
9 The above	named entity submits this statement for	the number of changing its	agistared office o	r rogintor	and agent as both in t	he state of Florida	<u> </u>	
G. THE ADOVE	Harried entity submits this statement for	the purpose of changing its in	egistered office o	ii registere	ed agent, or both, in t	ne state of Fluida.		ļ
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE	
					<del></del>			A 44 38
F	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			<b>\$5.00</b> May Be		Check Payable	
		Hust Fulla Cc	minibulion.	Ш	Added to Fees	Depa	rtment of State	B / S
10.	OFFICERS AND DIR		11.	. /^ A	DDITIONS/CHANGE	S TO OFFICERS A		
TITLE	T	Delete	TITLE	VD	MAGNA		Change	Addition
	FELKER, DAVID		NAME STREET ADDRESS	900	T.16000			
	319 TILFORD O DEERFIELD BCH FL:33442		CITY-ST-ZIP	BEER	N, MAGDA TILFORD O FTELD BEAC	45/ 2340	12_	
	D .	Delete	TITLE	TT'		•	l l Change	
	FORMAN, HARRY		NAME	SORE	ISEN, THELM	A		}
STREET ADDRESS	321 TILFORD O		STREET ADDRESS	324	TILFORD O	· ~ ~ ~	_	
CITY-ST-ZIP	DEERFIELD BCH FL 33442		CITY+ST-ZIP	DEERF	ISEN, THELM TILFORD O TIELD BEACH	14,3344	2	
,	S	☐ Delete	TITLE	ļ	ജനന	00525	7618-	Addition
	MCDONALD, PATRICIA		NAME STREET ADDRESS		** **	-04/12/02·	010580	nt 🖰
	309 Tilford o Deerfield BCH, FL 33442		CITY-ST-ZIP			**15067.5	50 *****6	ĭ.25
	VD	□ Delete	TITLE	10		· · · · ·	Change	Addition
	RUGA, LEONARD		NAME	{				- }
	316 TILFORD O		STREET ADDRESS	ļ	10	111		}
	DEERFIELD BEACH FL		CITY-ST-ZIP	<b> </b>		1,,		
	PD SECRET	☐ Delete	TITLE	]	4.4	-	☐ Change	Addition
	BECKER, GEORGE		NAME STREET ADDRESS	ļ	٢			
	308 TILFORD O DEERFIELD BCH FL 33442		CITY-ST-ZIP	Ì	•			{
TITLE	DEENEIELD DVN FL 33992	☐ Delete	TITLE	<del> </del>			☐ Change	Addition
NAME		LJ DGIGUG	NAME	}			5,,6,194	
STREET ADDRESS			CTREET ADDRESS	1				ì
			STREET ADDRESS	ł				ł
CITY-ST-ZIP	ertify that the information supplied with		CITY-ST-ZIP	<u> </u>	_ <b>_</b>			

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: