

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90139 001 15,373.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                     |                                                                                                                |                                                                                                                                  |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 740433</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                     |                                                                                                                |                                                 |                                                                              |
| 1. Entity Name<br>TILFORD "O" CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                     |                                                                                                                |                                                                                                                                  |                                                                              |
| Principal Place of Business<br>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br>3501 WEST DRIVE<br>DEERFIELD BEACH, FL 33442-2085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                     | Mailing Address<br>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br>3501 WEST DRIVE<br>DEERFIELD BEACH, FL 33442-2085 |                                                                                                                                  |                                                                              |
| 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<br>59-1922067                                                                                                      |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                     |                                                                                                                | Applied For<br>Not Applicable                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br>CONDOMINIUM OWNERS ORGANIZATI-OF VILL EAST<br>3501 WEST DRIVE<br>DEERFIELD BCH., FL 33442-2085                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                     |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                     |                                                                                                                |                                                                                                                                  |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                     |                                                                                                                |                                                                                                                                  |                                                                              |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                | \$5.00 May Be<br>Added to Fees                                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | Make check payable to<br>Florida Department of State                                |                                                                                                                |                                                                                                                                  |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                          |                                                                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | O                         | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                          | JD                                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MANN, MAGDA               |                                                                                     | NAME                                                                                                           | ERNESTO CHEA                                                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 320 TILFORD O             |                                                                                     | STREET ADDRESS                                                                                                 | 312 TILFORD O                                                                                                                    |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEERFIELD BCH, FL 33442   |                                                                                     | CITY - ST - ZIP                                                                                                | Deerfield Beach, FL 33442                                                                                                        |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                         | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                          | TD                                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SORENSEN, THELMA          |                                                                                     | NAME                                                                                                           | MAGDA MANN                                                                                                                       |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 324 TILFORD O             |                                                                                     | STREET ADDRESS                                                                                                 | 320 TILFORD O                                                                                                                    |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEERFIELD BCH, FL 33442   |                                                                                     | CITY - ST - ZIP                                                                                                | D.B. FL 33442                                                                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VSD                       | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                          | S                                                                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PRESTIDGE, JOHN           |                                                                                     | NAME                                                                                                           | ANISA RAHBAK                                                                                                                     |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 324 TILFORD O             |                                                                                     | STREET ADDRESS                                                                                                 | 323 TILFORD O                                                                                                                    |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEERFIELD BCH., FL 33442  |                                                                                     | CITY - ST - ZIP                                                                                                | D.B. FL 33442                                                                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | O                         | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                                          | D                                                                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MANN, MAGDA               |                                                                                     | NAME                                                                                                           | GERALDINE SCHARFF                                                                                                                |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 320 TILFORD O             |                                                                                     | STREET ADDRESS                                                                                                 | 311 TILFORD O                                                                                                                    |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEERFIELD BEACH, FL       |                                                                                     | CITY - ST - ZIP                                                                                                | D.B. FL 33442                                                                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                        | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                          |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BECKER, GEORGE            |                                                                                     | NAME                                                                                                           |                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 308 TILFORD O             |                                                                                     | STREET ADDRESS                                                                                                 |                                                                                                                                  |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEERFIELD BCH, FL 33442   |                                                                                     | CITY - ST - ZIP                                                                                                |                                                                                                                                  |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                         | <input type="checkbox"/> Delete                                                     | TITLE                                                                                                          |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | METCALF, PATRICIA         |                                                                                     | NAME                                                                                                           |                                                                                                                                  |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 315 TILFORD O             |                                                                                     | STREET ADDRESS                                                                                                 |                                                                                                                                  |                                                                              |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEERFIELD BEACH, FL 33442 |                                                                                     | 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: <u>George Becker</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                     | Date: <u>4/4/05</u> (954) <u>421-8072</u>                                                                      |                                                                                                                                  |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                     | Date                                                                                                           |                                                                                                                                  |                                                                              |

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