

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90101 001 15,496.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                     |                                                                                                                                                                       |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # 740433</b><br>1. Entity Name<br><b>TILFORD "O" CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                     |                                                                                                                                                                       |                                                        |  |
| Principal Place of Business<br><b>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                     | Mailing Address<br><b>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH, FL 33442-2085</b>                                               |                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | 3. Mailing Address                                                                  |                                                                                                                                                                       |                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                       |                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | City & State                                                                        |                                                                                                                                                                       |                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                               | Zip                                                                                 | Country                                                                                                                                                               |                                                        |  |
| 4. FEI Number<br><b>59-1922067</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                     |                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                     |                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CONDOMINIUM OWNERS ORGANIZATI-OF VILL EAST<br/>3501 WEST DRIVE<br/>DEERFIELD BCH., FL 33442-2085</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                     |                                                                                                                                                                       |                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                 |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                     |                                                                                                                                                                       |                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                 |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD<br>CHEA, ERNESTO<br>312 TILFORD O<br>DEERFIELD BEACH, FL 33442     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | TD<br>MAGDA MANN<br>320 TILFORD O<br>D.B H 33442       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TSD<br>MANN, MAGDA<br>320 TILFORD O<br>DEERFIELD BEACH, FL 33442      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | SD<br>Sedore Ville<br>314 TILFORD O<br>D.B H 33442     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>SCHARFF, GERALDINE<br>311 TILFORD O<br>DEERFIELD BEACH, FL 33442 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | _____<br>_____<br>_____                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>BECKER, GEORGE<br>308 TILFORD O<br>DEERFIELD BCH, FL 33442      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | _____<br>_____<br>_____                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>METCALF, PATRICIA<br>315 TILFORD O<br>DEERFIELD BEACH, FL 33442  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | _____<br>_____<br>_____                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____<br>_____<br>_____                                               |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                    | _____<br>_____<br>_____                                |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <b>GEORGE BECKER</b> 4/2/08 (954) 421-8072<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                     |                                                                                                                                                                       |                                                        |  |

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