

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-27-2006 90417 001 15,496.25

DOCUMENT # 740434 1. Entity Name TILFORD "P" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085				Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE 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 59-2002869	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDOMINIUM ORGANIZ. OF C.V.E. 3501 WEST DRIVE DEERFIELD BEACH, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, JULES		NAME	Joyce Fisher	
STREET ADDRESS	345 TILFORD P		STREET ADDRESS	340 Tilford P	
CITY-ST-ZIP	DEERFIELD BCH, FL		CITY-ST-ZIP	Deerfield beach FL 33442	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALINA, MINNA		NAME	SUSAN DANIELS	
STREET ADDRESS	341 TILFORD P		STREET ADDRESS	342 Tilford P	
CITY-ST-ZIP	DEERFIELD BCH, FL 33442		CITY-ST-ZIP	D.B. FL 33442	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		
NAME	GREENWALD, BESS		NAME		
STREET ADDRESS	TILFORD P-335		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MAGAZINE, SARA		NAME		
STREET ADDRESS	344 TILFORD P		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	BERNSTEIN, MARY		NAME		
STREET ADDRESS	345 TILFORD P		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MALINA, HAROLD		NAME		
STREET ADDRESS	341 TILFORD P		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 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>Bess Greenwald</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> BESS GREENWALD			Date: <u>4/1/06</u> Daytime Phone #: <u>(954) 421-7550</u>		