

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740815** (6)
1. Corporation Name
TILFORD "R" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **% TILFORD R-383 DEERFIELD BEACH FL 33442**
Mailing Address: **% TILFORD R-383 DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **11/18/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1970227**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, PAUL	1.2 NAME	
STREET ADDRESS	TILFORD R 383	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWEN, SIDNEY	2.2 NAME	
STREET ADDRESS	TILFORD R 373	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORO, ROZELLE	3.2 NAME	
STREET ADDRESS	386 TILFORD R	3.3 STREET ADDRESS	600001797656
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	-04/29/96--01024--001
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHATSKY, GERTURDE	4.2 NAME	
STREET ADDRESS	375 TILFORD R	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORO, IRVING	5.2 NAME	
STREET ADDRESS	TILFORD R 386	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCHES, SAM	6.2 NAME	
STREET ADDRESS	384 TILFORD R	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Paul Kushner **PAUL KUSHNER-PD** 1/19/96 954-428-5235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (12/95)

Handwritten initials and numbers: 427, 96