

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/18/1977	
4. FEI Number 59-1970227	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating) 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	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	
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	

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14. 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 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* 1/2/98 428-5235

CR2E037 (10/97)