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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 740815**

1. Corporation Name

**TILFORD "R" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% TILFORD R-373  
 DEERFIELD BEACH FL 33442

% TILFORD R-373  
 DEERFIELD BEACH FL 33442



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/18/1977

22 City & State

27 City & State

4. FEI Number  
 59-1970227

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC.  
 3501 WEST DRIVE  
 DEERFIELD BEACH FL 33442-2085

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME KUSHNER, PAUL  
 STREET ADDRESS TILFORD R-383 **DECEASED**  
 CITY-ST-ZIP DEERFIELD BCH FL

1.1 TITLE  Change  Addition  
 1.2 NAME PD  
 1.3 STREET ADDRESS DEMARTINO A.J.  
 1.4 CITY-ST-ZIP TILFORD R 382  
 DEERFIELD BCH FL

TITLE TD  DELETE  
 NAME COWEN, SIDNEY  
 STREET ADDRESS TILFORD R 373  
 CITY-ST-ZIP DEERFIELD BCH FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME BORO, ROZELLE  
 STREET ADDRESS 386 TILFORD R  
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME SHATSKY, GERTURDE  
 STREET ADDRESS 375 TILFORD R  
 CITY-ST-ZIP DEERFIELD BEACH FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE DV  DELETE  
 NAME BORO, IRVING  
 STREET ADDRESS TILFORD R 386  
 CITY-ST-ZIP DEERFIELD BCH FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME BRUCHES, SAM  
 STREET ADDRESS 384 TILFORD R  
 CITY-ST-ZIP DEERFIELD BEACH FL 33442

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*A.J. De Martino* 954 420 0683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (11/98)