


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

DOCUMENT # 740815

1. Entity Name
TILFORD "R" 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**

66011735



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION CENTURY
 VILLAGE EAST, INC.
 3501 WEST DRIVE
 DEERFIELD BEACH, FL 33442-2085**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and box # applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is **\$61.25** Due by **May 1, 2008**

B. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, RAY 383 TILFORD R DEERFIELD BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UDS ANNA BRZEZINSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 390 TILFORD 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDMAN, LAWRENCE 380 TILFORD R DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAY SHAPIRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 383 TILFORD 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERCORIO, CHARLES 379 TILFORD R DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNY WROBEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 375 TILFORD 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRZENSKI, ANNA 390 TILFORD R DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA STEINLAUF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 377 TILFORD 'R' D.B.H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anna Brzezinski ANNA BRZEZINSKI 4/10/08 (954) 570-7394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #