

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 # 740817 (2)

1. Corporation Name

TILFORD T CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

TILFORD T #435/CVE
DEERFIELD BEACH FL 33442

Mailing Address

TILFORD T #435/CVE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

21 TILFORD T

Suite, Apt. #, etc.

22 435

City & State

23 Deerfield Beach FL

Zip

24 33442

Country

25 Broward

26. Mailing Address

26 TILFORD T

Suite, Apt. #, etc.

27 435

City & State

28 Deerfield Beach, FL

Zip

29 33442

Country

30 Broward

3. Date Incorporated or Qualified
11/18/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1921462

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CENTURY VI
LLAGE 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

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

TITLE DV ☐ DELETE
NAME BOVITZ, KAY
STREET ADDRESS TILFORD, T-427
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE D ☐ DELETE
NAME LEVIN, SYLVIA
STREET ADDRESS TILFORD T422
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE DP ☐ DELETE
NAME LIEBOWITZ, MAX
STREET ADDRESS TILFORD T-435
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE D ☐ DELETE
NAME BIRO, ANN
STREET ADDRESS TILFORD T428
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE DST ☐ DELETE
NAME BRANDWINE, SAM
STREET ADDRESS TILFORD T424
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL BRANDWEIN, 5/9/96

(954)
428-5692

Daytime Phone #

CR2E037 (12/95)