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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 # **740817** (2)

1. Corporation Name

TILFORD "T" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business TILFORD "T" #435 DEERFIELD BEACH FL 33442	Mailing Address TILFORD "T" #435 DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 11/18/1977	
4. FEI Number 59-1921462	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
21	25
22	26
23	27
24	28
25	26
27	28
28	29
29	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 type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DS
NAME	BOVITZ, KAY	1.2 NAME	
STREET ADDRESS	TILFORD, T-427	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LEVIN, SYLVIA	2.2 NAME	
STREET ADDRESS	TILFORD T422	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	700002474697
NAME	LIEBOWITZ, MAX	3.2 NAME	-04/01/98--01022--010
STREET ADDRESS	TILFORD T-435	3.3 STREET ADDRESS	***15006.25
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VD
NAME	BIRO, ANN	4.2 NAME	McGinnis, Dixie
STREET ADDRESS	TILFORD T428	4.3 STREET ADDRESS	430 Tilford T
CITY-ST-ZIP	DEERFIELD BCH. FL	4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	STD	5.1 TITLE	TD
NAME	BRANDWEIN, SAM	5.2 NAME	
STREET ADDRESS	TILFORD T424	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D.
NAME		6.2 NAME	Yurman, Ethel
STREET ADDRESS		6.3 STREET ADDRESS	426 Tilford T
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Deerfield Beach, FL 33442

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: _____

CP2E037 (10/97)