

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-14-1999 90163 001 14,638.75

DOCUMENT # 740817

1. Corporation Name

TILFORD "T" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

TILFORD "T" #435
DEERFIELD BEACH FL 33442

Mailing Address

AJ WALLACE MGT
P.O. BOX 273632
BOCA RATON FL 33427



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/18/1977

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

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 DS ☒ DELETE
NAME BOVITZ, KAY
STREET ADDRESS TILFORD, T-427
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE VD ☒ DELETE
NAME MCGINNIS, DIXIE
STREET ADDRESS TILFORD T 430
CITY-ST-ZIP DEERFIELD BCH. FL 33442

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

TITLE D ☐ DELETE
NAME YURMAN, ETHEL
STREET ADDRESS TILFORD T 426
CITY-ST-ZIP DEERFIELD BCH. FL 33442

TITLE TD ☐ DELETE
NAME BRANDWEIN, 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 VD ☐ Change ☒ Addition
1.2 NAME Finemore, Catello
1.3 STREET ADDRESS Tilford T 436
1.4 CITY-ST-ZIP Deerfield Beach FL 33442

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Adler, Alfred
2.3 STREET ADDRESS Tilford T 421
2.4 CITY-ST-ZIP Deerfield Beach, FL 33442

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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/99 954-481-8464

CR2E037 (11/98)