

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 04-14-2001 90045 001 15,067.50

DOCUMENT # 740817

1. Entity Name

TILFORD "T" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**TILFORD "T" #435
 DEERFIELD BEACH FL 33442**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1921462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

- DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FINEMORE, CATELLO	
STREET ADDRESS	TILFORD T 436	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADLER, ALFRED	
STREET ADDRESS	TILFORD T 421	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LIEBOWITZ, MAX	
STREET ADDRESS	TILFORD T-435	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YURMAN, ETHEL	
STREET ADDRESS	TILFORD T 426	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOVITCH, KAY	
STREET ADDRESS	TILFORD T424	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINEMORE, CATELLO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, ALFRED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, AM MEE	
STREET ADDRESS	431 TILFORD T	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVITCH, KAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: S. FINEMORE **SIGNATURE REQUIRED** **CATELLO FINEMORE 3/29/01 954 570-8821**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)