

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

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1. Entity Name
TILFORD "U" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**CONDO OWNERS ORG OF CNTRY VILL E
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085**

Mailing Address
**CONDO OWNERS ORG OF CNTRY VILL E
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085**

66011738



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1887617

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CONDO OWNERS ORG OF CNTRY
VILLAGE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. 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 * PD ☐ Delete
NAME LACIVITA, MARY
STREET ADDRESS 440 TILFORD U
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE *D* ☐ Change ☒ Addition
NAME *Millie Paterra*
STREET ADDRESS *448 Tilford U*
CITY-ST-ZIP *D.B.H 33442*

TITLE * VSD ☐ Delete
NAME CAVALIERE, LILLIAN
STREET ADDRESS 452 TILFORD U
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * D ☐ Delete
NAME BERUBE, JAMES
STREET ADDRESS 450 TILFORD U
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * TD ☐ Delete
NAME ELIAS, JUNE
STREET ADDRESS TILFORD U 457
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * D ☒ Delete
NAME SIMON, BETTY
STREET ADDRESS 447 TILFORD U
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mary La Civita* **MARY LA CIVITA** 4/10/08 (954) 725-0732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #