## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2001 8:00 am Secretary of State DOCUMENT # 740820 1. Entity Name TILFORD "W" CONDOMINIUM ASSOCIATION, INC. 04-14-2001 90045 001 15 067 50 Principal Place of Business Mailing Address TILFORD W 485 784 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1984787 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama Street Address (P.O. Box Number is Not Acceptable) BERLINER, JULIUS L. TILFORD W 485 DEERFIELD BEACH FL 33442 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE IME MCKENNA, GERALD MAME NAME STREET ADDRESS **CR2E037** TILFORD W 485 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition Change TITLE ☐ Daleta TITLE GIANNONE, VINCENT NAME NAME STREET ADDRESS TILFORD W 496 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition ŜT TITLE Delete TITLE NAME LEVINE, RAE NAME TILFORD W 486 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DEERFIELD BEACH FL ☐ Change Addition TIT! F Delete TITLE ADSENTHAL, PAUL TILFORD W 495 DELLINGER, BILL NAME NAME STREET ADDRESS 410 S. POWERLINE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Addition Delete TITLE TITLE FOLICKMAN, ABRAHAM NAME NAME STREET ADDRESS TILFORD W 491 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Addition TITLE Change Delete TITLE MARINGIONE, BERALD TILFORD W 505 BRESLAY, LEON NAME NAME TILFORD W 492 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIZED BEACH FL. CITY-ST-ZIP DEERFIELD BEACH FL 33442 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 fustee 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.

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