

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-05-2005 90139 001 15,373.75

DOCUMENT # 740820 1. Entity Name TILFORD "W" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1984787				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			7. Name and Address of New Registered Agent 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 reappointing)					
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	VD GIANNONE, VINCENT TILFORD W 498 DEERFIELD BEACH, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD RAE LEVINE 486 TILFORD W DEERFIELD BEACH 41 33442 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEVINE, RAE TILFORD W 486 DEERFIELD BEACH, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAYAMI PUCCIO 505 TILFORD W D.B. FL 33442 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENTHAL, PAUL TILFORD W 495 DEERFIELD BEACH, FL 33442 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDA HOCHBERG 494 TILFORD W D.B. FL 33442 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLICKMAN, ABRAHAM TILFORD W 491 DEERFIELD BEACH, FL 33442 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLEN, THOMAS 501 TILFORD W DEERFIELD BEACH, FL 33442 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <u>Abraham Folickman</u> ABRAHAM FOLICKMAN 4/465 (954) 571-8448 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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