

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 12: 33

DOCUMENT # 740821 (4)

1. Corporation Name

TILFORD "X" CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200001474902
-05/04/95--01001--001
32760.00 **130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
520 TILFORD X DEERFIELD BEACH FL 33442	520 TILFORD X DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1977	05/01/1994
4. FEI Number	Applied For
59-1918174	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTON, LOUIS	12 NAME	
STREET ADDRESS	520 TILFORD X	13 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETMAN, CHARLES	22 NAME	
STREET ADDRESS	517 TILFORD X	23 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROBNER, MICKEY	32 NAME	
STREET ADDRESS	509 TILFORD X	33 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	34 CITY - ST - ZIP	
TITLE	TDS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAN, MILDRED	42 NAME	
STREET ADDRESS	526 TILFORD X	43 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JULIUS	52 NAME	
STREET ADDRESS	519 TILFORD X	53 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis Fenton Louis Fenton 4/19/95 305-421-3744
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Title Address/Phone #