

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TILFORD "X" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

520 TILFORD X
DEERFIELD BEACH FL 33442

520 TILFORD X
DEERFIELD BEACH FL 33442-2016



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04/25/00 90324 001 \$61.25

4. FEI Number
59-1918174

Applied For

Not Applicable

Zip

Country

Zip

Country

6. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	FENTON, LOUIS		
520 TILFORD X	DEERFIELD BEACH FL		
VD	ETMAN, CHARLES		
517 TILFORD X	DEERFIELD BEACH FL		
D	DROBNER, MICKEY		
509 TILFORD X	DEERFIELD BEACH FL		
TDS	KEAN, MILDRED		
528 TILFORD X	DEERFIELD BEACH FL		
D	COHEN, JULIUS		
510 TILFORD X	DEERFIELD BEACH FL		

Eileen Fenton
530 TILFORD X
DEERFIELD BEACH, FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 fee empowered.

SIGNATURE: *Louis Fenton* *Louis Fenton* 1-5-2000 954-421-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

CR2E07 (9/99)