2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2001 8:00 am Secretary of State **DOCUMENT # 740821** 1. Entity Name TILFORD "X" CONDOMINIUM ASSOCIATION, INC. 04-14-2001 90045 001 15 067 50 Principal Place of Business Mailing Address 520 TILFORD X 520 TILFORD X 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 City & State Applied For 4. FEI Number 59-1918174 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition PN Delete TITLE TITLE FENTON, LOUIS NAME NAME STREET ADDRESS 520 TILFORD X **CR2E037** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE ETMAN, CHARLES NAME NAME STREET ADDRESS 517 TILFORD X STREET ADDRESS CITY-ST-ZIP CITY-ST-70 DEERFIELD BEACH FL Change ☐ Addition TDS ☐ Delete TITLE TITLE KEAN, MILDRED NAME NAME STREET ADDRESS STREET ADDRESS 526 TILFORD X CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Delete TITLE ☐ Change ☐ Addition TITLE COHEN, JULIUS NAME NAME STREET ACCRESS 519 TILFORD X STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE Change ☐ Addition ☐ Delete TITLE FENTON, EILEEN NAME 530 TILFORD X STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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.

2/12/01

FILED