

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED


04 MAY 10 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66413221



MOORE CR2E037 (11/03)

DOCUMENT # 740821 1. Entity Name TILFORD "X" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		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 reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FENTON, LOUIS 520 TILFORD X DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ETMAN, CHARLES 517 TILFORD X DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	PD SHELDON KERSHOM 521 TILFORD X DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS KEAN, MILDRED 526 TILFORD X DEERFIELD BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JULIUS 519 TILFORD X DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	VD EVANS WALTER 514 TILFORD X DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENTON, EILEEN 530 TILFORD X DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	600034620456 04/29/04 01020 001 ***15006-25 JB5/10
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 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: _____		President 2/24/04 954-428-8076	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	