
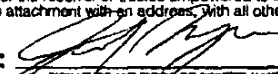


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # 740828</b>   |  |   |  |
| 1. Entity Name<br>VENTNOR "G" CONDOMINIUM ASSOCIATION, INC.  |  |  |  |
| Principal Place of Business<br>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br>3501 WEST DRIVE<br>DEERFIELD BEACH, FL 33442-2085   |  | Mailing Address<br>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br>3501 WEST DRIVE<br>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  |
| 02142008   |  | Chg-NP CR2E037 (11/05)   |  |
| 4. FEI Number<br>59-1887212  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br>3501 WEST DRIVE<br>DEERFIELD BEACH, FL 33442-2085   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restructuring)</small>   |  | DATE _____   |  |
| Filing Fee is \$81.25<br>Due by May 1, 2006  |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>KAMINOFF, LEO<br>2016 VENTNOR G<br>DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GERRY MARGOLIS<br>3011 VENTNOR G<br>D.B.H. 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>MARGOLIES, JERRY<br>3011 VENTNOR G<br>DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DORIS FISCHER<br>4012 VENTNOR G<br>D.B.H. 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2V<br>FISCHER, PORIS<br>4012 VENTNOR G<br>DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SHIRLEY WEISS<br>4008 VENTNOR G<br>D.B.H. 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BROTMAN, EUGENE<br>3004 VENTNOR G<br>DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>ESTHER KAMINOFF<br>2016 VENTNOR G<br>D.B.H. 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GREER, ROBERT<br>3012 VENTNOR G<br>DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Carmello LOMAGNO<br>1002 VENTNOR G<br>D.B.H. 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>WEISS, SHIRLEY<br>4008 VENTNOR G<br>DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>Betty Raiman<br>4003 VENTNOR G<br>D.B.H. 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  | 2.2.06 (954) 426-9517  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #   |  |
| GERRY MARGOLIES  |  |  |  |