67 MARKHAM DEERFIELD B	D EACH, FL 33442			
Current Ma	iling Address:			
SUITE 175	RE PARK W. DR.			
WEST PAL	MBEACH, FL 33409 US			
FEI Number: 59-1898520		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
SUITE 175	ERVICES, INC PARK W DRIVE EACH , FL 33409 US			
The above name	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Flor	ida.
	d entity submits this statement for the purpose of changing its reg E: NELDA MITALY	gistered office or regis	tered agent, or both, in the State of Flor	<sup>ida.</sup> 02/23/2017
		gistered office or regis	tered agent, or both, in the State of Flor	
SIGNATUR	E: NELDA MITALY	gistered office or regis	tered agent, or both, in the State of Flor.	02/23/2017
SIGNATUR	Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flor	02/23/2017
SIGNATUR	E: NELDA MITALY Electronic Signature of Registered Agent			02/23/2017
SIGNATURI Officer/Dire	Electronic Signature of Registered Agent	Title	SECRETARY	02/23/2017
SIGNATUR Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : VP LACASSE, DENIS 69 MARKHAM D	Title Name Address	SECRETARY PLOUFFE, CAROLE	02/23/2017
SIGNATURI Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP LACASSE, DENIS 69 MARKHAM D	Title Name Address	SECRETARY PLOUFFE, CAROLE 69 MARKHAM D	02/23/2017
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	EIECTRONIC Signature of Registered Agent EIECTRONIC Signature of Registered Agent CONTROL DETAIL: VP LACASSE, DENIS 69 MARKHAM D DEERFIELD BEACH FL 33442	Title Name Address	SECRETARY PLOUFFE, CAROLE 69 MARKHAM D	02/23/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	EIECTRONIC Signature of Registered Agent EIECTRONIC Signature of Registered Agent CCOR Detail : VP LACASSE, DENIS 69 MARKHAM D DEERFIELD BEACH FL 33442 PRESIDENT, TREASURER	Title Name Address	SECRETARY PLOUFFE, CAROLE 69 MARKHAM D	02/23/2017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA LOBASCIO

Electronic Signature of Signing Officer/Director Detail

02/23/2017

Date

## FILED Feb 23, 2017 **Secretary of State**

## CC7923670139

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730013

Entity Name: MARKHAM "D" CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**