

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730013

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

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7747235942**

**Current Principal Place of Business:**

EAST COAST MAINTENANCE & MANAGEMENT  
254 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

EAST COAST MAINTENANCE & MANAGEMENT  
254 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**FEI Number: 59-1898520**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EAST COAST MAINTENANCE & MANAGEMENT  
254 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MARCOVITZ, IRENE  
Address 79 MARKHAM D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VPD  
Name LACASSE, DENIS  
Address 69 MARKHAM D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title D  
Name COHEN, MARVIN  
Address 77 MARKHAM D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title SD  
Name PLOUFFE, CAROLE  
Address 69 MARKHAM D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title PTD  
Name LOBASCIO, BARBARA  
Address 67 MARKHAM D  
City-State-Zip: DEERFIELD BEACH FL 33442

*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**

**PRES**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date