2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 735324

Entity Name: CENCLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

100 CENTURY BOULEVARD
W. PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

100 CENTURY BOULEVARD
W. PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0123144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVY,MARK F.
CENTURY VILLAGE ADMIN. BLDG.
100 CENTURY BLVD.
W. PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	LEVY, H. IRWIN	
Address:	100 CENTURY BLVD	
City-St-Zip:	W PALM BEACH, .F 33417	
Title:	D	( ) Delete
Name:	PESECKIS, LYNN L	
Address:	100 CENTURY BLVD.	
City-St-Zip:	W. PALM BCH., FL 33417	
Title:	VSD	( ) Delete
Name:	LEVY, MARK,	
Address:	100 CENTURY BLVD.	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	D	( ) Delete
Name:	NICHOLSON, JAMES A	
Address:	100 CENTURY BLVD	
City-St-Zip:	WEST PALM BEACH, FL 33417	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK LEVY VSD 04/27/2004

Electronic Signature of Signing Officer or Director — Date