


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State


03-31-2008 90019 029 ****61.25

DOCUMENT # N02000004432 1. Entity Name CENTRUM PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business MIAMI MGMT. 1145 SAWGRASS CORP. PKWY. SUNRISE, FL 33323	Mailing Address MIAMI MGMT. 1145 SAWGRASS CORP. PKWY. SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE

40034030



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2050593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, EISINGER, & KOSS
45 NW 5 ST.
MIAMI, FL 33128

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCKEAN, RANDOLPH A 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRILL, DAVID 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOSEM, MARC 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS, ERNEST 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  **4/18/08** **(954) 437-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #