

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758302

FILED
Apr 06, 2010
Secretary of State

Entity Name: COLONIAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MANAGEMENT CONSULTANTS
2950 JOG ROAD
GREENACRES, FL 33467

New Principal Place of Business:

COLONIAL CENTER ASSOCIATION
1260 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

Current Mailing Address:

CENTURY MANAGEMENT CONSULTANTS
2950 JOG ROAD
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 59-2159966 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BECKER & POLIA KOFF, P.A.
625 N. FLAGLER DRIVE 7TH FLOOR
WEST PALM BEACH, FL 33401 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: P
Name: APPLETON, CATHY
Address: 1260 S FEDERAL HWY, SUITE 201
City-St-Zip: BOYNTON BCH, FL 33435

Title: VP
Name: SIPP, ROGER
Address: 1200 S FEDERAL HWY, SUITE 303-304
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S
Name: EWING, AUBREY
Address: 1230 S FEDERAL HWY, SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: BEAUMONT, KIM
Address: 1260 S. FEDERAL HWY SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD
Name: MORTON, LINDA
Address: 1200 S. FEDERAL HWY SUITE 301
City-St-Zip: BOYNTON BEACH, FL 33435

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: CATHY APPLETON

P

04/06/2010

Electronic Signature of Signing Officer or Director

_____ Date