

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 25, 2014
Secretary of State
CC8789658946

Entity Name: CENTRUM PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O TDSUNSHINE PROPERTY MANAGEMENT
330 SOUTH STATE ROAD 7, STE 500
PLANTATION, FL 33317

Current Mailing Address:

C/O TDSUNSHINE PROPERTY MANAGEMENT
330 SOUTH STATE ROAD 7, STE 500
PLANTATION, FL 33317

FEI Number: 41-2050593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TDSUNSHINE PROPERTY MANAGEMENT
330 SOUTH STATE ROAD 7
SUITE 500
PLANTATION, FL 33317 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 PD
Name GOZLEVELI, FARIDEH
Address P.O. BOX 122015
City-State-Zip: FORT LAUDERDALE FL 33312

Title SD
Name KOTCH, IRA
Address P.O. BOX 122015
City-State-Zip: FORT LAUDERDALE FL 33312

Title TD
Name FRIEDMAN, JEFFREY
Address P.O. BOX 122015
City-State-Zip: FORT LAUDERDALE FL 33312

Title D
Name WESTON, KENNETH
Address P.O. BOX 122015
City-State-Zip: FORT LAUDERDALE FL 33312

Title D
Name MCKEAN, RANDOLPH
Address P.O. BOX 122015
City-State-Zip: FORT LAUDERDALE FL 33312

Title D
Name MAZOFF, DAVID
Address P.O. BOX 122015
City-State-Zip: FORT LAUDERDALE FL 33312

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: IRA KOTCH

SECRETARY

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date