FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:37

DOCUMENT # 716116 (9)

1. Corporation Name
CENTURY PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1012 NORTH OCEAN BLVD. POMPANO BEACH FL 33062	1012 NORTH OCEAN BLVD. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1969
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1310400 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Same as above	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FOSTER, JOHN W.
1012 N. OCEAN BOULEVARD, #1604
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: Coletta, Anthony
82 Street Address (P.O. Box Number is Not Acceptable): 1012 N. Ocean Boulevard
83: Pompano Beach, Florida 33062
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FOSTER, JOHN W.
STREET ADDRESS	1012 N. OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	S
NAME	KARR, GUY A.
STREET ADDRESS	1012 N. OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	SUGARMAN, EMANUEL
STREET ADDRESS	1012 NORTH OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	DT
NAME	HAMILTON, ALLEN
STREET ADDRESS	1019 N OCEAN BLVD #509
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	D
NAME	BARBARO, DOMINICK
STREET ADDRESS	1012 N OCEAN BLVD #1004
CITY-ST-ZIP	POMPANO BEACH, FL 00000
TITLE	VP
NAME	COLETTA, ANTHONY
STREET ADDRESS	1012 N. OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	☑ Change ☐ Addition
1.2 NAME	Anthony Coletta	
1.3 STREET ADDRESS	1012 N. Ocean Blvd.	
1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
2.1 TITLE	Secretary	☑ Change ☐ Addition
2.2 NAME	Paul Long	
2.3 STREET ADDRESS	1012 N. Ocean Blvd.	
2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
3.1 TITLE	Vice Pres.	☑ Change ☐ Addition
3.2 NAME	Dominick Barbaro	
3.3 STREET ADDRESS	1012 N. Ocean Blvd.	
3.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
4.1 TITLE	Treasurer	☑ Change ☐ Addition
4.2 NAME	Allen Hamilton	
4.3 STREET ADDRESS	1012 N. Ocean Blvd.	
4.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
5.1 TITLE	Emanuel Sugarman - Director	☐ Change ☐ Addition
5.2 NAME	1012 N. Ocean Blvd.	
5.3 STREET ADDRESS	Pompano Beach, Fl. 33062	
5.4 CITY-ST-ZIP		
6.1 TITLE	Robert Burke - Director	☑ Change ☐ Addition
6.2 NAME	1012 N. Ocean Blvd.	
6.3 STREET ADDRESS	Pompano Beach, Florida 33062	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony Coletta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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