FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

716116

(9)

CENTURY PLAZA ASSOCIATION, INC.

Principal Place of Business Mailing Address					T REDAIN INCOME SINCE AND A STATE OF THE STA
1012 NORTH OCEAN BLVD. 1012 NORTH OCEAN BLVI POMPANO BEACH FL 33062 POMPANO BEACH FL 330					
					3. Date Incorporated or Qualified 02/26/1969 02/27/1996
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21 26				·	59-1310400 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- 1		5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zıp			Coun	try	8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30		30		Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
	4 44 100 404 114		*	Name	
COLETTA, ANTHONY				Street	t Address (P.O. Box Number is Not Acceptable)
1012 N OCEAN BOULEVARD POMPANO BEACH FL 33062				3	
FOMPANO DEACHTE 33002					
			8	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable (NOTE Registered Agent signature required when reinstating). **DATE**					
12.	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable (NC	13.	Agent signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1,1 TITL	E	P
NAME	FOSTER, JOHN W.		1.2 NAN	IE :	Anthony Coletta
STREET ADDRESS 1012 N. OCEAN BOULEVARD		RD	1.3 STREET ADDRESS		1012 N Ocean Blvd.
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CIT)	-ST-ZIP	Pompano Bch, Fl 33062
TITLE	· — —		2.1 TITL		S Change A Addition
NAME	1010 N COPIAN BILL		2.2 NAN		Edward McPherson 1012 N OCean Blvd.
STREET ADDRESS CITY-ST-ZIP	DOMESTIC DESCRIPTION			2.3 STREET ADDRESS 1012 N OCEAN BIVOL. 2.4 CITY-ST-ZIP Pompano Bch, F1 33062	
TITLE	VP	DELETE	3.1 TITL		D Change Addition
NAME	BARBARO, DOMINICK		3.2 NAN	IE	Emanual Sugarman
STREET ADDRESS	1012 N OCEAN BLVD		3.3 STR	EET ADDRESS	1 444
CITY-ST-ZIP	POMPANO BEACH FL 3306		3.4. CIT	Y-ST-ZIP	Pompano Bch, Fl 33062
TITLE	7	L_] DELETE	4.1 TITL		D Change Addition
NAME	HAMILTON, ALLEN		4. 2 NAI		Paul Long
STREET ADDRESS	1012 N OCEAN BLVD POMPANO BEACH FL			EET ADDRESS	" Occur prag.
CITY-ST-ZIP TITLE	D DEACH IL	DELETE	5.1 TITL	r-ST-ZIP	Pompano Bcj. Fl 33062 Change Addition
NAME	BARBARO, DOMINICK	peril	5.2 NAM		- Country - Carrotte
STREET ADDRESS	1012 N OCEAN BLVD #100)4		eet address	
CITY-ST-ZIP	POMPANO BEACH, FL 000			-ST-ZIP	
TITLE	D	DELETE	6.1 TITL		Change Addition
NAME	Burke, Robert		6.2 NAM	RE	
STREET ADDRESS	1012 N OCEAN BLVD		6.3 STR	EET ADDRESS	3

14. I do hereby certify that the information supplied with this filing 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.

6.4 CITY - ST - ZIP

SIGNATURE:

POMPANO BEACH FL

CITY-ST-ZIP

Daytime Phone # 0021823

FILED

Feb 03 1997 8:00am

Secretary of State