FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPURATIONS

DOCUMENT #

(9)

CENTURY PLAZA ASSOCIATION, INC.

FILED Mar 02 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·	
1012 NORTH OCEAN BLVD. POMPANO BEACH FL 33062		1012 NORTH OCEAN BLVD. POMPANO BEACH FL 33062			3. Date Incorporated or Qualified
Tomithio Bright I'm 99002		TOMPANO BENOTITE 33002			02/26/1969
					4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address			59-1310400 Not Applicable
21		26			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country			☐ Yes ☐ No
24	25	29	30	У	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current		1301	·	10. Name and Address of New Registered Agent
81				Name	
COLETTA, ANTHONY			00	0445.44	Add (DO D. N. J. M. L. M
1012 N OCEAN BOULEVARD			82	Street	Address (P.O. Box Number is Not Acceptable)
	O BEACH FL 33062		83	1	
			84	City	leel To Oads
•			- 1	""	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 arn familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
	arrammar warr, and accopt the obliga	norts or, Socion 617.0000, Fit	orida Siatule	· .	
SIGNATURE	Signature, typed or printed name of registered agon	and title if applicable. (NOT	E: Flogislered Ac	ent signature	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		President - DIRECTOR Change Addition
NAME	COLETTA, ANTHONY		1.2 NAME		Coletta, Anthony
STREET ADDRESS	1012 NORTH OCEAN BLVD		1.3 STREE	T ADDRESS	1012 No. Ocean Blvd.
CITY-ST-ZIP	POMPANO BEACH FL	- Takirr	1.4 CITY-	ST-ZIP	Pompano Reach El 33062 /
TITLE	P ANDROOM	DELETE	2.1 TITLE		ROBERT SWATOSH, SECRETARY
NAME			2.2 NAME		1012 NORTH OCEAN BLVD.
STREET ADDRESS	1012 N OCEAN BLVD			T ADDRESS	POMPANO BEACH, FL. 33062
CITY-ST-ZIP TITLE	POMPANO BEACH FL 33062 VP	☐ DELETE	2. 4 CiTY - 3.1 TITLE	\$T - ZIP	
NAME	BARBARO, DOMINICK	_ beere	3.2 NAME		Table II Caldelle B =
STREET ADDRESS	1012 N OCEAN BLVD			T ADDRESS	Barbaro, Dominick
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY-		1012 No. Ocean Blvd.
TITLE	T	DELETE	4.1 TITLE	01-211	Pompano Beach, F1. 33062
NAME	HAMILTON, ALLEN		4. 2 NAME		EDWARD MCPHERSON, TREAS. Q
STREET ADDRESS	1012 N OCEAN BLVD			T ADDRESS	1012 NO. OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-	ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D	DELETE	5.1 TITLE		VERNA DAVIS, Asst. Sec D Change W Addition
NAME	BARBARO, DOMINICK		5.2 NAME		1012 N Ocean Blvd
STREET ADDRESS	1012 N OCEAN BLVD #1004		5.3 STREE	T ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		5.4 CITY-	ST-ZIP	
TITLE	D	DELETE	6.1 TITLE		CHIPIEN TONES DIPLOMENTAL LANGUISTON
NAME	BURKE, ROBERT		6.2 NAME		SHIRLEY JONES, DIRECTOR
STREET ADDRESS	1012 N OCEAN BLVD		6.3 STREE	ADDRESS	1012 N OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-	ST-ZIP	POMPANO BEACH, FL 33062

14. I 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. **SIGNATURE:**

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