3/9/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-09-2001 90015 048 ****61.25

DOCUMENT # 716116

1. Entity 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

- 322307

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1310400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLETTA, ANTHONY 1012 N OCEAN BOULEVARD POMPANO BEACH FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARSH, WAYNE 1012 NO OCEAN BLVD. #301 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D HARSH, WAYNE 1012 No. Ocean Blvd. #301 Pompano Bch, Fl. 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLETTA, ANTHONY 1012 N OCEAN BLVD POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SWATOSH, ROBERT 1012 NO OCEAL BLVD POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice President D Robert DeCarlo 1012 No. Ocean Blvd. #302 Pompano Bch, Fl. 33062	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD CAMERON, ROBERT 1012 NO OCEAN BLVD POMPANO BEACH FL 33062	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, VERNA 1012 N OCEAN BLVD POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director DAVIS, VERN 1012 N. Ocean Blvd. Pompano Bch, Fl. 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD JONES, SHIRLEY 1012 N OCEAN BLVD POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D JONES, SHIRLEY 1012 N Ocean Blvd. Pompano Bch, Fl. 33062	☒ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Coletta SIGNATURE REQUIRED Anthony Coletta 3/9/01 954-781-4822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #