



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90417 044 \*\*\*\*61.25

<b>DOCUMENT # 716116</b> 1. Entity Name <b>CENTURY PLAZA ASSOCIATION, INC.</b>					
Principal Place of Business <b>1012 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062</b>				Mailing Address <b>1012 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-1310400</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COLETTA, ANTHONY 1012 N OCEAN BOULEVARD POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCPHERSON, EDWARD 1012 NO OCEAN BLVD. #1011 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony Coletta 1012 No Ocean Blvd Pompano Beach FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARLO, ROBERT 1012 N OCEAN BLVD POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lucy O'Connor 1012 No Ocean Blvd Pompano Beach FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, VERA 1012 N OCEAN BLVD POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Frank Price 1012 No Ocean Blvd. Pompano Beach FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, VERA 1012 N OCEAN BLVD POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP LARKIN, RAYMOND 1012 N OCEAN BLVD POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, ROBERT 1012 N. OCEAN BLVD. POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Anthony Coletta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/26/07</u> Daytime Phone # _____	