

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716116

FILED
Feb 19, 2009
Secretary of State

Entity Name: CENTURY PLAZA ASSOCIATION, INC.

Current Principal Place of Business:

1012 NORTH OCEAN BLVD.
POMPAN BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1012 NORTH OCEAN BLVD.
POMPAN BEACH, FL 33062

New Mailing Address:

FEI Number: 59-1310400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLETTA, ANTHONY
1012 N OCEAN BOULEVARD
POMPAN BEACH, FL 33062 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCPHERSON, EDWARD
Address: 1012 NO OCEAN BLVD. #1011
City-St-Zip: POMPAN BEACH, FL 33062

Title: P () Delete
Name: COLETTA, ANTHONY
Address: 1012 N OCEAN BLVD
City-St-Zip: POMPAN BEACH, FL 33062

Title: S () Delete
Name: DAVIS, VERNA
Address: 1012 N OCEAN BLVD
City-St-Zip: POMPAN BEACH, FL 33062

Title: D () Delete
Name: O'CONNOR, LUCY
Address: 1012 N OCEAN BLVD
City-St-Zip: POMPAN BEACH, FL 33062

Title: 1VP () Delete
Name: LARKIN, RAYMOND
Address: 1012 N OCEAN BLVD
City-St-Zip: POMPAN BEACH, FL 33062

Title: D () Delete
Name: BURKE, ROBERT
Address: 1012 N. OCEAN BLVD.
City-St-Zip: POMPAN BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LARKIN, RAYMOND
Address: 1012 N OCEAN BLVD
City-St-Zip: POMPAN BEACH, FL 33062

Title: VP (X) Change () Addition
Name: VERCESI, RON
Address: 1012 N. OCEAN BLVD.
City-St-Zip: POMPAN BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY COLETTA

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date