


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 006 ****61.25

DOCUMENT # 740940 1. Entity Name CENTURY OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10468 139TH WAY N LARGO FL 33774		Mailing Address 10468 139TH WAY N LARGO FL 33774 US	
2. Principal Place of Business - No P.O. Box # 13906-105th Ave		3. Mailing Address 13906-105th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo Fla		City & State Fla	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
Zip 33774		Country Pinellas	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZANICCHI, THERESA 10468 139TH WAY N LARGO FL 33774		7. Name and Address of New Registered Agent Name Irene Waltl Street Address (P.O. Box Number is Not Acceptable) 13906-105TH AVEN LARGO FL 33774 City Largo FL Zip Code 33774 727-596-2735	
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 Irene Waltl		IRENE WALTLE 7-2-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
1001 NAME: TD ZANICCHI, THERESA STREET ADDRESS: 10468 139TH WAY N CITY-STATE-ZIP: LARGO FL 33774	<input checked="" type="checkbox"/> Delete	1101 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1002 NAME: P HORGAN, KEN STREET ADDRESS: 13969 105TH TERR N CITY-STATE-ZIP: LARGO FL 33774	<input checked="" type="checkbox"/> Delete	1102 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1003 NAME: SD HORGAN, LINDA STREET ADDRESS: 13969 105TH TERR N CITY-STATE-ZIP: LARGO FL 33774	<input type="checkbox"/> Delete	1103 NAME: Horgan Linda STREET ADDRESS: 13969 105th Terr N CITY-STATE-ZIP: Largo Fla 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1004 NAME: (TD) IRENE WALTLE STREET ADDRESS: 13906-105TH AVEN CITY-STATE-ZIP: LARGO FLA 33774	<input type="checkbox"/> Delete	1104 NAME: Irene Waltl STREET ADDRESS: 13906-105th Ave CITY-STATE-ZIP: Largo Fla 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1005 NAME: <input type="checkbox"/> Delete		1105 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1006 NAME: <input type="checkbox"/> Delete		1106 NAME: <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 Section 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.			
SIGNATURE: IRENE WALTLE - TREAS.		3-27-07 727-596-2735	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Irene Waltl - Treas