

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746318

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CEN-WEST COMMUNITY SERVICES AND FACILITIES ASSOCIATION, INC.

**Current Principal Place of Business:**

19146 LYONS ROAD  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

1601 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 59-2095082      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVY, MARK F  
1601 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 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:** DVS  
**Name:** LEVY, MARK F  
**Address:** 1601 FORUM PLACE, SUITE 500  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**Title:** DPT  
**Name:** LEVY, IRWIN H  
**Address:** 1601 FORUM PLACE, SUITE 500  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**Title:** D  
**Name:** PESECKIS, LYNN L  
**Address:** 1601 FORUM PLACE, SUITE 500  
**City-St-Zip:** WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: MARK F. LEVY

DVS

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date