

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90014 013 ***150.00

DOCUMENT # M87564	
1. Entity Name CENTENNIAL PROPERTIES CORPORATION	

Principal Place of Business 2800 ISLAND BLVD STE 503 AVENTURA FL 33160 US	Mailing Address 2800 ISLAND BLVD STE 503 AVENTURA FL 33160 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0057997	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent	
LYNN, MARK J 2102 W. COMMERCIAL BLVD #2800 FT LAUDERDALE FL 33309	

7. Name and Address of New Registered Agent	
Name MARK J. LYNN	
Street Address (P.O. Box Number is Not Acceptable) 2200 NW CORPORATE BLVD.	
SUITE 401	
City BOCA RATON	FL Zip Code 33431

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.

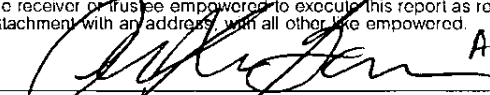
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
P BARR, ARTHUR 2800 ISLAND BLVD #503 AVENTURA FL 33160	
VP BARR, FLORENCE 2800 ISLAND BLVD #503 AVENTURA FL 33160	☐ Delete
S LYNN, MARK J 2101 W. COMMERCIAL BLVD #2800 FORT LAUDERDALE FL 33309	☐ Delete
T LYNN, MARK 2101 W. COMMERCIAL BLVD #2800 FORT LAUDERDALE FL 33309	☐ Delete
☐ Delete	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ 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 607, 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:  **ARTHUR BARR** 1-23-07 305-785-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #