2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N00000001260

Entity Name: NEW CENTURY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4097 GATOR TRACE ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4097 GATOR TRACE ROAD
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-1080120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELICKMAN, LARRY Z
1850 SW FOUNTAINVIEW BLVD
SUITE 207
PORT SAINT LUCIE, FL 34986 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:	P	( ) Delete
Name:	OLEN, K.R.	
Address:	4097 GATOR TRACE RD	
City-St-Zip:	FT PIERCE, FL 34982	
Title:	V	( ) Delete
Name:	MENNUCCI, DONALD	
Address:	4113 GATOR TRACE ROAD	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	T	( ) Delete
Name:	KOZLOWSKI, RICHARD	
Address:	4121 GATOR TRACE ROAD	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	S	( ) Delete
Name:	GRASTORE, CHERYL	
Address:	3993 GATOR TRACE ROAD	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	MGRM	( ) Delete
Name:	SHEFIELD, RANDY	
Address:	4117 GATOR TRACE RD	
City-St-Zip:	FORT PIERCE, FL 34982	

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

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: K.R. OLEN PD 01/31/2009
Electronic Signature of Signing Officer or Director — Date