2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N01000008821 1. Entity Name 04-27-2006 90153 022 ****61.25 CENTURY HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6735 54TH AVENUE NORTH, LOT #31 ST. PETERSBURG FL 33709 6735 54TH AVENUE NORTH, LOT #31 ST. PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 73-1632259 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZANDER, DOROTHY R Street Address (P.O. Box Number is Not Acceptable) 6735 54TH AVE LOT# 31 SAINT PETERSBURG FL 33709 Zip Code FL 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) THE STATE OF THE S FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State Light British of the OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ZOR, DONNA VITTORIO, SENERCHIA NAME NAME 735 ,540en AUE. N. Lot 6735 54TH AVE N LOT 19 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Defete TITLE ☐ Addition TITLE RICKETTS, DONNA NAME NAME STREET ADDRESS 6735 54TH AVE N LOT 84 STREET ADDRESS SAINT PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE MILLER, JOHN M NAME NAME 6735 54TH AVENUE NORTH, LOT 45 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE Addition ZANDER, DOROTHY R NAME NAME STREET ADORESS 6735 54TH AVENUE NORTH, LOT #31 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33709 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CHASE, ETHEL NAME NAME 6735 54TH AVENUE NORTH, LOT 64 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition POMROY, RONALD NAME NAME STREET ADDRESS 6735 54TH AVE., LOT#10 STREET ADDRESS ST. PETERSBURG FL 33709 CITY-ST-ZIP

12. It 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 ecceiver 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 avaichment with an address, with all other like empowered.

SIGNATURE

FILED