

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90034 017 ****61.25

DOCUMENT # N01000008821 1. Entity Name CENTURY HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 6735 54TH AVENUE NORTH, LOT #31 ST. PETERSBURG, FL 33709			Mailing Address 6735 54TH AVENUE NORTH, LOT #31 ST. PETERSBURG, FL 33709		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 73-1632259	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZANDER, DOROTHY R 6735 54TH AVE LOT# 31 SAINT PETERSBURG, FL 33709				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHOLTES, JOSEPH N JR 6735 54TH AVE N LOT 13 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICKETTS, DONNA 6735 54TH AVE N LOT 84 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, DIANE 6735 54TH AVE NORTH LOT 65 SAINT PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ethyl Bailey 6735 54th Ave. N. Lot 18 St. Petersburg, Fl. 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZANDER, DOROTHY R 6735 54TH AVENUE NORTH, LOT #31 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOVER, BRENDA 6735 54TH AVE N #12 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHANKS, LUCILLE 6735 54TH AVE N #49 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Chapter 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: <i>Dorothy R Zander</i> - DOROTHY R. ZANDER					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01102008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
SCHOLTES, JOSEPH N JR
6735 54TH AVE N LOT 13
SAINT PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
RICKETTS, DONNA
6735 54TH AVE N LOT 84
SAINT PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
JONES, DIANE
6735 54TH AVE NORTH LOT 65
SAINT PETERSBURG, FL 33709** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
ZANDER, DOROTHY R
6735 54TH AVENUE NORTH, LOT #31
ST. PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GLOVER, BRENDA
6735 54TH AVE N #12
ST. PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SHANKS, LUCILLE
6735 54TH AVE N #49
ST. PETERSBURG, FL 33709** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dorothy R Zander* - DOROTHY R. ZANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40052760

CENTURY HOME OWNERS ASSOCIATION, INC.

Page 2 – 2008 NOT FOR PROFIT CORPORATION – ANNUAL REPORT

Document No. N01000008821

ADDITIONAL DIRECTORS

D

John M. Miller
6735 54th Ave. N. Lot #45
St. Petersburg, Fl. 33709

D

Gordon Trinkwon
6735 54th Ave. N. Lot #38
St. Petersburg, Fl. 33709

D

Lucienne Fortin
6735 54th Ave. Lot #25
St. Petersburg, Fl. 33709