


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90023 045 ****61.25

DOCUMENT # N02000000937 1. Entity Name CENTENNIAL TOWERS RESIDENT MANAGEMENT CORPORATION, INC.					
Principal Place of Business 230 EAST 1ST STREET RMC OFFICE JACKSONVILLE, FL 32200-6			Mailing Address 230 EAST 1ST STREET RMC OFFICE JACKSONVILLE, FL 32206		
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 59-3292688	
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		
BROOKS, JOSEPHINE A 230 EAST 1ST STREET RMC OFFICE JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD BROOKS, JOSEPHINE A PRES. 230 EAST 1ST STREET, RMC OFFICE JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERHOUSE, VERNA M TREA. 230 EAST 1ST STREET, RMC OFFICE JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WASHINGTON, ROSALYN A SEC 230 EAST 1ST STREET, RMC OFFICE JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leila D. Vann 230 East 1st Street RMC Office Jacksonville FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bowman, Wanda 230 East 1st Street RMC Office Jacksonville Florida 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Holt, Veronica 230 East 1st Street RMC Office Jacksonville FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ali, Brenda 230 E 1st ST APT 816 JACKSONVILLE FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MKL Brenda Brown, Bienda 230 E 1st ST APT 508 JACKSONVILLE FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Fisher, Rosemary 230 E 1st St RMC Office Jacksonville FL 32206	<input type="checkbox"/> Change <input checked="" 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>Leila D. Vann</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4/06/07					
<small>Date</small>					
<small>Daytime Phone #</small>					