

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000937

FILED  
Mar 13, 2010  
Secretary of State

**Entity Name:** CENTENNIAL TOWERS RESIDENT MANAGEMENT CORPORATION

**Current Principal Place of Business:**

230 EAST 1ST STREET  
RMC OFFICE  
JACKSONVILLE, FL 322006

**New Principal Place of Business:**

**Current Mailing Address:**

230 EAST 1ST STREET  
RMC OFFICE  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 59-3292688      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VANN, LELIA D PRES.  
230 EAST 1ST STREET #1103  
RMC OFFICE  
JACKSONVILLE,, FL 32206 US

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: LELIA D. VANN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VANN, LELIA D  
Address: 230 E. 1ST ST. RMC OFFICE  
City-St-Zip: JACKSONVILLE, FL 32206

Title: V  
Name: VANN, LENEVA  
Address: 230 EAST 1ST STREET, RMC OFFICE  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S  
Name: HUNTER, JULIA  
Address: 230 EAST 1ST STREET, RMC OFFICE  
City-St-Zip: JACKSONVILLE, FL 32206

Title: C  
Name: NEAVES, RANDALL  
Address: 230 E. 1ST ST. APT # 709  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D  
Name: BROWN, BRENDA  
Address: 230 E. 1ST ST. APT 508  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D  
Name: HOLMES, WILLIE A  
Address: 230 E 1ST ST. APT 503  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby 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 all other like empowered.

SIGNATURE: LELIA D. VANN

PRES

03/13/2010

Electronic Signature of Signing Officer or Director

Date