

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001045

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: CENTENNIAL ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10346 DUSTY HILL LOOP  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1955  
ZEPHYRHILLS, FL 335391955 US

**New Mailing Address:**

FEI Number: 20-4921731      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALSTON, ROBERT MR.  
5518 7TH ST.  
ZEPHYRHILLS, FL 33542 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: D ( ) Delete  
Name: CRANDELL, LILA MRS  
Address: 10209 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

Title: PD ( ) Delete  
Name: BUSH, DWAIN MR  
Address: 10346 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

Title: VD ( ) Delete  
Name: FRIEND, FRANCES MRS  
Address: 10136 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

Title: TD ( ) Delete  
Name: SLATER, JANICE MRS.  
Address: 10400 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

Title: SD ( ) Delete  
Name: KIRK, VIRGINIA MS.  
Address: 10456 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CRANDELL, LILA MRS  
Address: 10209 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

Title: D (X) Change ( ) Addition  
Name: BUSH, DWAIN MR  
Address: 10346 DUSTY HILL LOOP  
City-St-Zip: DADE CITY, FL 33525

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: JANICE SLATER

TD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date