

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 027 ****61.25

DOCUMENT # N02000008490

1. Entity Name

CENTURY LAKES HOMES ASSOCIATION, INC.



Principal Place of Business

**7270 NW 12 ST, STE 410
MIAMI FL 33126**

Mailing Address

**7270 NW 12 ST, STE 410
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0732266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBA-REILLY, KEYLA
7270 NW 12TH STREET
SUITE 410
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Sheryl Rice**

Street Address (P.O. Box Number is Not Acceptable)

7270 NW 12 Street

Suite 410

City

Miami

FL

Zip Code

33126

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)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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

TITLE **DPT** ☒ Delete
NAME **JANZ, MARK A**
STREET ADDRESS **7270 NW 12 ST, STE 410**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DV** ☐ Delete
NAME **GONZALEZ, JESSICA**
STREET ADDRESS **7270 NW 12 ST, STE 410**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **DS** ☒ Delete
NAME **LLANO, CESAR**
STREET ADDRESS **7270 NW 12 ST, STE 410**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Change ☒ Addition
NAME **Sheryl Rice**
STREET ADDRESS **7270 NW 12 Street, Ste. 410**
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
NAME **Barbara Pico**
STREET ADDRESS **7270 NW 12 Street, Ste 410**
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #