2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # N02000008490 04-20-2007 90199 037 ****61.25 CENTURY LAKES HOMES ASSOCIATION, INC. Principal Place of Business Mailing Address 300 ARAGON 300 ARAGON 50001438 STE 210 STE 210 MIAMI, FL 33134 MIAMI, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) City & State 4. FEi Number City & State Applied For 20-0732266 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GABLES PROFESSIONAL** Street Address (P.O. Box Number is Not Acceptable) 300 ARAGON CORAL GABLES, FL 33134 Zip Code City FL 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 it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DPT PRESIDENT. Addition Delete TITLE TITLE NAME HENRY MARNES RICE, SHERLY NAME SW GOTERPACE FL 33193 7270 NW 12 ST, STE 410 STREET ADDRESS STREET ADDRESS 16451 MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP M'A<u>Mi</u> VICE PRESIDENT D Delete Addition ☐ Change TITLE TITLE CESAR BORGES 16421 SW 60 TERRACE GONZALEZ, JESSICA NAME NAME STREET ADDRESS 7270 NW 12 ST, STE 410 STREET ADDRESS FL 33193 MIAMI, FL 33126 CITY-ST-ZIP MIANUI CITY-ST-ZIP SECRETARY STAN G. STANLEY Delete Addition TITLE TITLE ☐ Change PICO, BARBARA NAME NAME SW 164 PLACE STREET ADDRESS 7270 NW 12 ST, STE 410 STREET ADDRESS liAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33126 TREASURER Addition ☐ Change Delete TITLE TITLE KCENIA LED - GAONA NAME NAME 16411 SW UD TERRACE MIAMI, FL 33193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS 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 cath, 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.

CITY-ST-7/P

HENY MARINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR