

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006822

FILED
Apr 10, 2008
Secretary of State

Entity Name: CENTURY PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3733 UNIVERSITY BLVD. WEST, SUITE 208
JACKSONVILLE, FL 33317

New Principal Place of Business:

3733 UNIVERSITY BLVD. WEST, SUITE 212
JACKSONVILLE, FL 32217

Current Mailing Address:

3733 UNIVERSITY BLVD. WEST, SUITE 208
JACKSONVILLE, FL 33317

New Mailing Address:

3733 UNIVERSITY BLVD. WEST, SUITE 212
JACKSONVILLE, FL 32217

FEI Number: 20-3224954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEEDLE, DAVID
3733 UNIVERSITY BLVD. WEST, SUITE 208
JACKSONVILLE, FL 33317 US

Name and Address of New Registered Agent:

NEEDLE, DAVID
3733 UNIVERSITY BLVD. WEST, SUITE 212
JACKSONVILLE, FL 32217 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: DAVID NEEDLE

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEEDLE, DAVID
Address: 3733 UNIVERSITY BLVD. WEST, SUITE 208
City-St-Zip: JACKSONVILLE, FL 33317

Title: VSD () Delete
Name: NEEDLE, ROBERT
Address: 3733 UNIVERSITY BLVD. WEST, SUITE 208
City-St-Zip: JACKSONVILLE, FL 33317

Title: TD () Delete
Name: SCHUMAN, BRIAN
Address: 3733 UNIVERSITY BLVD. WEST, SUITE 208
City-St-Zip: JACKSONVILLE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEEDLE, DAVID
Address: 3733 UNIVERSITY BLVD. WEST, SUITE 212
City-St-Zip: JACKSONVILLE, FL 32217

Title: VSD (X) Change () Addition
Name: NEEDLE, ROBERT
Address: 3733 UNIVERSITY BLVD. WEST, SUITE 212
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD (X) Change () Addition
Name: SCHUMAN, BRIAN
Address: 3733 UNIVERSITY BLVD. WEST, SUITE 212
City-St-Zip: JACKSONVILLE, FL 32217

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: DAVID NEEDLE

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date