

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010695

FILED
Apr 16, 2009
Secretary of State

Entity Name: ONE HUNDRED CENTRAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 CENTRAL AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

100 CENTRAL AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-3714470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT ROAD
SUITE 118A
SARASOTA, FL 34231 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: PD () Delete
Name: GOFF, ALAN M D
Address: 100 CENTRAL AVENUE UNIT G-713
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: THOMPSON, JANET M D
Address: 100 CENTRAL AVENUE UNIT PH-5
City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete
Name: SMITH, LAURIE K D
Address: 100 CENTRAL AVENUE UNIT PH-3
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: MCGILL, JACKSON R D
Address: 100 CENTRAL AVENUE UNIT K-623
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: EISENMANN, DAVID A D
Address: 100 CENTRAL AVENUE UNIT E-711
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, LAURIE K D
Address: 100 CENTRAL AVENUE UNIT PH-3
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: THOMPSON, JANET M D
Address: 100 CENTRAL AVENUE UNIT - PH-5
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GOFF, ALAN M D
Address: 100 CENTRAL AVENUE UNIT G-713
City-St-Zip: SARASOTA, FL 34236

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: ALAN GOFF

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date