

FILE NOW - FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAR - 1 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05759 (8)
1. Corporation Name
CENTURA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2395 NW 36TH AVE. 2395 NW 36TH AVE
COCONUT CREEK FL 33066 33066-2201EEK FL 33066
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1984 3a. Date of Last Report 02/02/1994
4. FEI Number 59-2764446 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
AMORIELLO, PATRICK
10001 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALLOT, ED
STREET ADDRESS	3770 NW 20TH ST
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VP
NAME	SHULTZ, GLORIA
STREET ADDRESS	3331 NW 22ND DRIVE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	ST
NAME	TEAFF, SUSAN
STREET ADDRESS	2371 NW 38TH AVE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D
NAME	BRUSSO, JOEL
STREET ADDRESS	2181 NW 34TH TERRACE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D
NAME	BOYKIN, LARRY
STREET ADDRESS	3420 NW 21ST COURT
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D
NAME	ARMELI, GUY
STREET ADDRESS	2374 NW 39TH AVE.
CITY-ST-ZIP	COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUSAN TEAFF	
1.3 STREET ADDRESS	2371 NW 36 AVE.	
1.4 CITY-ST-ZIP		
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLORIA SHULTZ	
2.3 STREET ADDRESS	3331 NW 22 DRIVE	
2.4 CITY-ST-ZIP		
3.1 TITLE	TRBAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARMELI	
3.3 STREET ADDRESS	2374 NW 39 AVE.	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAY SCHNEIDER	
4.3 STREET ADDRESS	2200 NW 33 TERRACE	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GASPARA MADONIA	
5.3 STREET ADDRESS	1980 NW 35 AVE.	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if change or an appointment with an address.

SIGNATURE: *Gloria Shultz* **GLORIA SHULTZ** 2/23/95 305-968-8322