NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N05759

(8)

| 1. Corporation Name | | | | | | | | |
|--|---|--|---|-------------------|--|---|---|--|
| CENTURA HOMEOWNERS ASSOCIATION, INC. | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | A SAMILIAN MALAN MININ HAMAL MILIA H | EST MYNEL MINTT NAMET MINTE | OLDER MINIT 1841 | |
| | | 2395 NW 36TH AVE 33066-2201EEK FL 33066 US | | | | | | |
| 03 | | 03 | | | 3. Date Incorporated or Qualified | 3a. Date of Last | • | |
| | | | | | 10/19/1984 | 03/01/19 | 995 | |
| Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | 1 7 | Applied For | | |
| 21 26 ス 3 9 5 <i>人</i>) | | 262395 NW |)36th AUR | | 59-2764446 | | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | F 0-15-1-10-1-1-1 | <u>\$8.75</u> | Additional | |
| 27 | | 27 | | | 5. Certificate of Status Desired | Fee | Required | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.0 | O May Be | |
| 23 | | 28 COONUTO | creeK : | F/] | Trust Fund Contribution | | d to Fees | |
| Zip | Country | Zip_ Ci o (| Country | _ | 8. This corporation has liability for Int | • | | |
| 24 | 25 | 29 3.3066 B | o '∪S | 5 | | Yes X No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| -:1 | 9. Name and Address of Curren | | | | 10. Name and Address of New Re- | | | |
| | | | 81 Name | | | | | |
| 41400101 | LO BATRION | | | | | | | |
| AMORIEL | 82 Street | Addres | Address (P.O. Box Number is Not Acceptable) | | | | | |
| 10001 W OAKLAND PARK BLVD | | | 83 | | | | · · · · · · · · · · · · · · · · · · · | |
| SUNRISE | FL 33351 | | 63 | | | | | |
| | | | 84 City | | , | 85 Zij | Code | |
| | | | | | | FL "" *" | | |
| or register | o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sec | ida. Such change was authorized l | the above-named co by the corporation's | orporati board | ion submits this statement for the purpo of directors. I hereby accept the appoin | ose of changing its r ntment as registered | egistered office agent. I am | |
| CIONIATURE | | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agen | it and title if applicable (NOTE: I | Registered Agent signature r | required w | hen reinstating) | DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTO | RS IN 12 | |
| TITLE | P | EX DECETE | 1.1 TITLE | P | -l- 12- | Change | Addition | |
| NAME | TEAFF, SUSAN | • | 1.2 NAME | 610 | rein stilltz or. | _ | _ | |
| STREET ADDRESS | • | | 1.3 STREET ADDRESS | 33 | 31 MM Jang on. | | | |
| | 2371 NW 36 AV E | | | 10 | conut creek FL | | | |
| CITY - ST - ZIP | COCONUT CREEK FL | X 0ELETE | 1.4 C(TY - \$T - Z)P | † - | · · · · · · · · · · · · · · · · · · · | Change | Addition | |
| TITLE | ST | Nieceie | 21 TITLE | T | San Teaff 371 NW 36 AVE | EST CHANGE | E Addition | |
| NAME | SHULTZ, GLORIA | | 22 NAME | P.J. | Savulu 36 AUR | | | |
| STREET ADDRESS | 3331 NW 22ND DRIVE | | 23 STREET ADDRESS | 3 | 371 100 30 | | | |
| CITY - ST - ZIP | COCONUT CREEK FL | | 2 4 CITY-ST-ZIP | | SCOUNT OFFE FO | , | | |
| TITLE | T | DELETE | 31 TITLE | \$1 | F | ☐ Change | Addition | |
| NAME | ARMELI, GUY | · | 32 NAME | - | Pichal | OBer | • | |
| STREET ADDRESS | 2374 NW 39 AVE | | 33 STREET ADDRESS | 19 | 40 NW 34th AVE | | | |
| CITY-ST-ZIP | COCONUT CREEK FL | | 34. CłTY-ST-ZIP | 100 | xonut Creek FL | _ | | |
| TITLE | D | DELETE | 41 TITLE | ď | C/ acid to | Change | Addition | |
| | - | | 4.2 NAME | 1 7 | evabams | | | |
| NAME | SCHNEIDER, JAY | | |] 🛨 | 222 1111 27Th Ad | 1e | | |
| STREET ADDRESS | 2200 NW 33 TERRACE | | 4.3 STREET ADDRESS | 19 | 327 NW 37M AU SCONUT CIROK FO | , — | | |
| CITY-ST-ZIP | COCONUT CREEK FL | | 4.4 CITY - ST - ZIP | | sconut creak fl | <u> </u> | 1 | |
| TITLE | D | DELETE | 5.1 TITLE | り | 1 | ☐ Change | Addition | |
| NAME | MADONIA, GASPARE | | 5.2 NAME | IDA | in Koch and st | • | | |
| STREET ADDRESS | 1980 NW 35 AVE | | 5.3 STREET ADDRESS | 33 | 31 NW 2220 - | • | | |
| CITY-ST-ZIP | COCONUT CREEK FL | _ | 5.4 CITY - ST - ZIP | | conut creek fl | _ | | |
| TITLE | D | DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | ARMELI, GUY | - • | 6.2 NAME | 1 | | , | | |
| | • | | 6.3 STREET ADDRESS | | | | | |
| STREFT ADDRESS | 2374 NW 39TH AVE. | | | | | | | |
| CITY-ST-ZIP | COCONUT CREEK FL | with thin filing in cal mtaril, & watch | 6.4 CITY - ST - ZIP | alific for | the exemption stated in Continu 440.0 | 7(2)(b) Florida State | toe I further | |
| 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 119.07(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 | Lam an officer or director of the corn- | oration or the receiver or trustee e | mpowered to execut | te this r | report as required by Chapter 617, Flor | ida Statutes; and th | at my name | |
| appears in | Block 12 or Block 13 shapped, or | on an attacoment with an address | ۶. ـــــ | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 96

954-968-6322 Deyline Phone I ;R2E037 (12/95