

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05759 (8)**  
 1. Corporation Name  
**CENTURA HOMEOWNERS ASSOCIATION, INC.** JAN - 6 1998



Principal Place of Business <b>2395 NW 36TH AVE. COCONUT CREEK FL 33066 US</b>	Mailing Address <b>2395 NW 36TH AVENUE COCONUT CREEK FL 33066 US</b>
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3. Date Incorporated or Qualified <b>10/19/1984</b>	
4. FEI Number <b>59-2764446</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**D'ANNA, RONALD  
MATTLIN & MCCLOSKEY  
2300 GLADES RD., STE 400, EAST TOWER  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ronald D'Anna* 1/24/98

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DANOFF, NEIL</b>	
STREET ADDRESS	<b>2151 NW 34 TERR</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>TEAFF, SUSAN</b>	<input type="checkbox"/> DELETE
NAME	<b>TEAFF, SUSAN</b>	
STREET ADDRESS	<b>2371 NW 36 AVENUE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTNER, STU</b>	
STREET ADDRESS	<b>3481 NW 20 ST</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KORRITA, PAT</b>	
STREET ADDRESS	<b>2305 NW 37 AVE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, STEVEN</b>	
STREET ADDRESS	<b>2305 NW 37 AVE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUSSO, JOEL</b>	
STREET ADDRESS	<b>2161 NW 37 TERR</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Darlene Vila</b>	
1.3 STREET ADDRESS	<b>3771 NW 23 PL.</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: *Neil Danoff*

CFR2E037 (10/97)