


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90061 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N05759		
1. Corporation Name CENTURA HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2395 NW 36TH AVE. COCONUT CREEK FL 33066 US	Mailing Address 2395 NW 36TH AVENUE COCONUT CREEK FL 33066 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/19/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2764446
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		10. Name and Address of New Registered Agent

\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

D'ANNA, RONALD E MATTLIN & MCCLOSKEY 2300 GLADES RD., SUITE 400 EAST TOWER BOCA RATON FL 33431		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DANOFF, NEIL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANOFF, NEIL	1.2 NAME	Michael Weil
STREET ADDRESS	2151 NW 34 TERR	1.3 STREET ADDRESS	2244 NW 37 Ave.
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	D TEAFF, SUSAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Salvatore Nappo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAFF, SUSAN	2.2 NAME	2319 NW 34 Terr
STREET ADDRESS	2371 NW 36 AVENUE	2.3 STREET ADDRESS	Coconut Creek 33066
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	Secretary
TITLE	T PORTNER, STU <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNER, STU	3.2 NAME	Joe Lehrer
STREET ADDRESS	3481 NW 20 ST	3.3 STREET ADDRESS	2349 NW 34 Rd
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	Coconut Creek 33066
TITLE	D KORRITA, PAT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORRITA, PAT	4.2 NAME	Denise Koch
STREET ADDRESS	2305 NW 37 AVE	4.3 STREET ADDRESS	3331 NW 22 St
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	Coconut Creek 33066
TITLE	D SCHWARTZ, STEVEN <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, STEVEN	5.2 NAME	Louis Italic
STREET ADDRESS	2305 NW 37 AVE	5.3 STREET ADDRESS	2265 NW 37 Ave.
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	Coconut Creek 33066
TITLE	VP BRUSSO, JOEL <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSSO, JOEL	6.2 NAME	Nancy Taylor
STREET ADDRESS	2161 NW 37 TERR	6.3 STREET ADDRESS	2211 NW 34 Tr.
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP	Coconut Creek 33066

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, with all other like empowered.

SIGNATURE: *Salvatore Nappo* SIGNATURE REQUIRED *3/22/99 (954) 968 822*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)