

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90167 031 ****61.25

DOCUMENT # N05759

1. Entity Name

CENTURA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2395 NW 36TH AVE.
 COCONUT CREEK FL 33066
 US

2395 NW 36TH AVENUE
 COCONUT CREEK FL 33066
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2764446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ANNA, RONALD E
 MATTIN & MCCLOSKEY
 2300 GLADES RD., SUITE 400 EAST TOWER
 BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	WEIL, MICHAEL	
STREET ADDRESS	2244 NW 37 AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	P	<input type="checkbox"/> Delete
NAME	NAPPO, SALVATORE	
STREET ADDRESS	2319 NW 34 TERR	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEHRER, JOE	
STREET ADDRESS	2349 NW 34 RD	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOCH, DANIEL	
STREET ADDRESS	5331 NW 22 ST	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	VTOULIS, PHILIP	
STREET ADDRESS	2350 N.W 37 AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, NANCY	
STREET ADDRESS	2211 NW 34 TR.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/2002

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE