


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90128 024 \*\*\*\*61.25

UBR 1/14

**DOCUMENT # N05759**  
1. Entity 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**

**11011626**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2764446**  
Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**D'ANNA, RONALD E  
MATTLIN & MCCLOSKEY  
2300 GLADES RD., SUITE 400 EAST TOWER  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ron D'Anna* DATE *April 10, 2003*

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Salvatore Nappo* **3/25/03 954-968-8322**

CR2E037 (10/02)