


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006129 1. Entity Name CENTENNIAL BUILDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL 33525	Mailing Address 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3597293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUVIL, JONATHAN L 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL 33525

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUVIL, JONATHAN L 37837 MERIDIAN AVENUE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LEONARD H 37837 MERIDIAN AVENUE DADE CITY, FL 33535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, P. HUTCHISON II 37837 MERIDIAN AVENUE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, KYLE W 37837 MERIDIAN AVENUE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000819635 02/15/08-80090-022 61.25</p> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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