

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007123

FILED
Jan 16, 2009
Secretary of State

Entity Name: CENTURY PARK OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2802 N 5TH STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

2804 N 5TH STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

2802 N 5TH STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

2804 N 5TH STREET
ST. AUGUSTINE, FL 32084

FEI Number: 51-0593541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, CINDY
2802 N 5TH STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HUMMEL, STACEY E
2804 N 5TH STREET
ST. AUGUSTINE, FL 32084 US

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: STACEY E HUMMEL

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOD, JOHN
Address: 1100-4 PONCE DE LEON BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: CHAPMAN, CINDY
Address: 2802 N 5TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: DURDEN, KIM
Address: 2802 N 5TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM J. DURDEN

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date