

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-18-2008 90049 011 ****61.25

DOCUMENT # N07000009746 1. Entity Name CENTURY 21OWNERS ASSOCIATION, INC.					
Principal Place of Business 9310 OLD KINGS RD. S., SUITE 802 JACKSONVILLE, FL 32257			Mailing Address 9310 OLD KINGS RD. S., SUITE 802 JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1982494	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BLVD., BLDG. A, SUITE 200 JACKSONVILLE, FL 32217			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARKS, LEWIS H JR. 9310 OLD KINGS RD. S., SUITE 802 JACKSONVILLE, FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARKS, ELIZABETH 9310 OLD KINGS RD. S., SUITE 802 JACKSONVILLE, FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALLARD, PATRICIA 9310 OLD KINGS RD. S., SUITE 802 JACKSONVILLE, FL 32257	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
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.					
SIGNATURE: <u>Patricia A. Mallard</u> 03/05/08 (904) 367-1818 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66011021



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