2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N07000011360

Entity Name: CENTURY OAKS OWNERS ASSOCIATION, INC

Current Principal Place of Business:

3674 BCH BLVD., SUITE 1A
JACKSONVILLE, FL 32207

New Principal Place of Business:

920 THIRD ST
SUITE B
NEPTUNE BEACH, FL 32266

Current Mailing Address:

3674 BCH BLVD., SUITE 1A
JACKSONVILLE, FL 32207

New Mailing Address:

920 THIRD ST
SUITE B
NEPTUNE BEACH, FL 32266

FEI Number: 26-2928167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIZENDINE, JUDITH G
3674 BCH BLVD., SUITE 1A
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WALLACE, L D
920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 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: L. DENISE WALLACE 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRIGGS, RICHARD P
Address: 3674 BCH BLVD., SUITE 1A
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete
Name: BRIGGS, LORRIE A
Address: 3674 BCH BLVD., SUITE 1A
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD ( ) Delete
Name: BRIZENDINE, JUDITH
Address: 3674 BCH BLVD., SUITE 1A
City-St-Zip: JACKSONVILLE, FL 32207

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: L DENISE WALLACE RA 03/23/2009
Electronic Signature of Signing Officer or Director Date