

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Sep 01, 2009**  
**Secretary of State**

DOCUMENT# N08486

**Entity Name:** CENTENNIAL SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6413 CONGRESS AVE  
SUITE 200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6413 CONGRESS AVE  
SUITE 200  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 59-2625480      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CREST MANAGEMENT GROUP INC  
6413 CONGRESS AVE  
SUITE 200  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: PAEZ, GUADALUPE  
Address: 31 CENTENNIAL CT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD ( ) Delete  
Name: CUTOLO, ROBERT  
Address: 107 CENTENNIAL CT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P ( ) Delete  
Name: TIMMONS, WILEY W  
Address: 117 CENTENNIAL COURT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T ( ) Delete  
Name: FASINO, MARIO  
Address: 111 CENTENNIAL ST  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SVP (X) Change ( ) Addition  
Name: PAPPAS, CATHERINE  
Address: 17 CENTENNIAL CT  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: GARY BUDD

AGEN

09/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date