

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08486

FILED  
Mar 11, 2011  
Secretary of State

**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: P  
Name: BORRELLI, MICHAEL  
Address: 25 CENTENNIAL COURT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP  
Name: ADDEO, LAURENCE  
Address: 65 CENTENNIAL COURT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S  
Name: GUADALUPE, PAEZ  
Address: 31 CENTENNIAL COURT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T  
Name: FASINO, MARIO  
Address: 111 CENTENNIAL COURT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP2  
Name: PROIETTI, SAL  
Address: 93 CENTENNIAL COURT  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL BORRELLI

P

03/11/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date