


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State


DOCUMENT # N13813

1. Entity Name
 CENTERVILLE TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 13936 TALLAHASSEE, FL 32317-3936	Mailing Address P.O. BOX 13936 TALLAHASSEE, FL 32317-3936
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3050428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOK, CRAIG
 3067 BELL GROVE DR
 TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

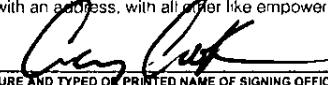
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, CLARA 3592 CHANTILLY CT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, SCOTT 3069 BELL GROVE DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, CRAIG 3067 BELL GROVE DR TALLAHASSEE, FL 32308
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 01/15/08-80018-006 61.25

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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:  **1-9-08** **850 656 1723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #