## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16976

FILED Apr 25, 2006 Secretary of State

Entity Name: CENTRE LAKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3500 65TH AVENUE CIRCLE EAST SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

3500 65TH AVENUE CIRCLE EAST SARASOTA, FL 34243

FEI Number: 65-0068655 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LETO, KIM

3510 65TH AVE CIRCLE EAST
SARASOTA, FL 34243 US

HANSELMAN, CATHERINE
3517 65TH AVE CIRCLE EAST
SARASOTA, FL 34243 US

SARASOTA, FL 34243 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: CATHERINE HANSELMAN 04/25/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 SEYLER, TODD
 Name:
 LARSEN, SANDRA

 Address:
 3519 65TH AVE CIR E
 Address:
 3537 65TH AVE CIR E

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 SARASOTA, FL 34243

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LETO, KIM
 Name:
 HANSELMAN, CATHERINE

 Address:
 3510 65TH AVE CIR. E.
 Address:
 3517 65TH AVE CIR. E.

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 SARASOTA, FL 34243

Title: VD () Delete Title: VD (X) Change () Addition Name: WAYNE, THOMAS Name: WAYNE, THOMAS

Address: 3500 65TH AVENUE CIRCLE EAST Address: 3568 65TH AVENUE CIRCLE EAST

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SWARTZ, JOY M
 Name:

 Address:
 3524 65TH AVE CIRCLE EAST
 Address:

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOY M. SWARTZ TD 04/25/2006