

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16976

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** CENTRE LAKE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3500 65TH AVENUE CIRCLE EAST  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

3500 65TH AVENUE CIRCLE EAST  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 65-0068655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSELMAN, CATHERINE  
3517 65TH AVE CIRCLE EAST  
SARASOTA, FL 34243 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: LARSEN, SANDRA  
Address: 3537 65TH AVE CIR E  
City-St-Zip: SARASOTA, FL 34243

Title: PD ( ) Delete  
Name: HANSELMAN, CATHERINE  
Address: 3517 65TH AVE CIR. E.  
City-St-Zip: SARASOTA, FL 34243

Title: VD ( ) Delete  
Name: WAYNE, THOMAS  
Address: 3568 65TH AVENUE CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete  
Name: SWARTZ, JOY M  
Address: 3524 65TH AVE CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34243

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

Title: S (X) Change ( ) Addition  
Name: ELLIOT, STEPHANIE  
Address: 3549 65TH AVE CIR E  
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SWARTZ, JOY M  
Address: 3524 65TH AVENUE CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34243

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: JOY SWARTZ

TD

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date