

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28188

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CENTENNIAL HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

381 N KROME AVENUE  
SUITE 205  
HOMESTEAD, FL 33030 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 901116  
HOMESTEAD, FL 33090 US

## New Mailing Address:

381 N KROME AVENUE  
SUITE 205  
HOMESTEAD, FL 33030 US

FEI Number: 65-0071993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTYCZKA, WILLIAM J PA  
13410 SW 128 STREET  
MIAMI, FL 33186 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: TD ( ) Delete  
Name: REBUTH, RICHARD  
Address: 8586 SW 208 ST.  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: GARCIA, ERIC  
Address: 8617 SW 207 TERRACE  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: POPE, RANDY  
Address: 8593 SW 211 TERR  
City-St-Zip: MIAMI, FL 33189

Title: SD ( ) Delete  
Name: VICOTRIA, S  
Address: 8646 SW 208 TERRACE  
City-St-Zip: MIAMI, FL 33189

Title: PD ( ) Delete  
Name: CRUSE, DAVID  
Address: 8585 SW 208 STREET  
City-St-Zip: MIAMI, FL 33189

Title: VPD ( ) Delete  
Name: BRADSHAW, KEVIN  
Address: 20807 SW 85 PLACE  
City-St-Zip: MIAMI, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVID CRUSE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date