

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N48158

1. Entity Name

CENTURY CLUB SOUTH CONDOMINIUM ASSOCIATION, INC.



FILED

08 SEP 12 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

160 8TH ST
KEY COLONY BEACH FL 33051-0556
US

Mailing Address

P.O. BOX 510556
KEY COLONY BEACH FL 33051-0556
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

[Handwritten signature]



4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROBERT P
250 8TH STREET
KEY COLONY BEACH FL 33051

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Handwritten signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten date: 8-1-08]

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	250 8TH ST	
CITY-ST-ZIP	KEY COLONY BCH FL 33051	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ANN T	
STREET ADDRESS	250 8TH STREET	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT P	
STREET ADDRESS	P.O. BOX 510658	
CITY-ST-ZIP	KEY COLONY BCH FL 33051-0556	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, ANN T	
STREET ADDRESS	250 8TH ST	
CITY-ST-ZIP	KEY COLONY BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	09/17/08--01005--005 **75.00	
CITY-ST-ZIP	800135993058	
TITLE	09/17/08--01005--005 **75.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Handwritten signature]

[Handwritten date: 8-1-08] 305-289-1741