

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003303**

1. Entity Name  
XENTURY CITY PROPERTY OWNERS' ASSOCIATION,  
INC.



Principal Place of Business  
7575 DR. PHILLIPS BLVD.  
ORLANDO, FL 32819 US

Mailing Address  
7575 DR PHILLIPS BLVD  
STE 260  
ORLANDO, FL 32819 US



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3573318

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

POPE, NICHOLAS A  
215 NORTH EOLA DR.  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000132507  
04/27/04-80049-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, J.W.
STREET ADDRESS	2637 TOWNSGATE RD., SUITE 300
CITY - ST - ZIP	WESTLAKE VILLAGE, CA 91361
TITLE	DV
NAME	TOUMAZOS, DIMITRI N
STREET ADDRESS	7575 DR. PHILLIPS BLVD.
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	DST
NAME	POPE, NICHOLAS A
STREET ADDRESS	215 NORTH EOLA DR.
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Dimitri Toumazos* Dimitri Toumazos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

407-363-7883

Date

Daytime Phone #