## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N95000002666 CENTURY HARMONY LAKES ESTATES ASSOCIATION,



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**FILED** 

Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90058 027 \*\*\*\*61.25

Principal Place of Business PHOENIX MANAGEMENT SERVICES 4780 NORTH STATE ROAD SEVEN-SUITE E250

SIGNATURE:

Mailing Address PHOENIX MANAGEMENT SERVICES 4780 NORTH STATE ROAD SEVEN-SUITE E250

LAUDERDAL	E LAKES, FL 33319	LAUDERDALE LAKES, F	L 33319 <b>US</b>		 				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192	007 Chg-Ni	P CR2	E037 (12/06)		
City & State		City & State		4. FELL	Number -0630362	<del></del>	<del></del>	oplied For	
Zip	Country	Zip	Country		ificate of Status [	Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		<u>I</u> 7. Nam	e and Address	of New Register	<u>-</u>		
PHOENIX MANAGEMENT SERVICES 4780 NORTH STATE ROAD SEVEN SUITE E250 LAUDERDALE LAKES, FL 33319			Name Street Ad						
			City	City FL Zip Code					
8. The above the obligat	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent							and accept	
	Signature, typed or printed haire or registered agent i	and the it applicable. (NOTE	: Registered Agent signatu	re required when reinstar	ing)	DA	3E		
			npaign Financing Sontribution. S5.00 May Be Added to Fees			Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS 11			11.						
TITLE	SD	Delete	TITLE	5000	REVIIO	v ns	Change	Addition	
NAME	LEWIS, JONELLE		NAME	Sc011 1570 S	11 106	TER	. 🔾		
STREET ADDRESS CITY+ST-ZIP	10823 SW 14 PL DAVIE, FL 33324		STREET ADDRESS CITY-ST-ZIP	MILTES	F/ 333	224			
TITLE	TD		TITLE	UNUTE /	-, -,,,,				
NAME	ROSS-SANTANA, JOANNE	☐ Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP -	ĐAVIE, FL 00324	,	S CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, JAY 1520 SW 106TH TERR	Delete	TITLE NAME STREET ADDRESS	TOD) S	hurack state Rd	7 #105 FL 33	Change	☐ Addition	
	DAVIE, FL 33324		CITY-ST-ZIP	Lauderan	e lakes,	FL 53			
TITLE NAME	D SPERLIEN, HOWARD	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS									
	1725 SW 108TH TERR								
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP TITLE	1725 SW 108TH TERR	Detete	STREET ADDRESS	<del></del> .			Change	☐ Addition	
	1725 SW 108TH TERR DAVIE, FL 33324 D LORINI, TONY	☐ Delete	STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS	1725 SW 108TH TERR DAVIE, FL 33324 D LORINI, TONY 1705 SW 108 TERR	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1725 SW 108TH TERR DAVIE, FL 33324 D LORINI, TONY	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1725 SW 108TH TERR DAVIE, FL 33324 D LORINI, TONY 1705 SW 108 TERR	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1725 SW 108TH TERR DAVIE, FL 33324 D LORINI, TONY 1705 SW 108 TERR		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 of 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.

ORPRINTED NAME OF SIGNING UPPICER OR DIRECTOR