

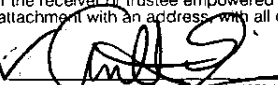


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90056 041 \*\*\*\*61.25

<b>DOCUMENT # N95000002666</b> 1. Entity Name <b>CENTURY HARMONY LAKES ESTATES ASSOCIATION, INC.</b>					
Principal Place of Business <b>PHOENIX MANAGEMENT SERVICES</b> <b>4780 NORTH STATE ROAD SEVEN-SUITE E250</b> <b>LAUDERDALE LAKES, FL 33319</b>			Mailing Address <b>PHOENIX MANAGEMENT SERVICES</b> <b>4780 NORTH STATE ROAD SEVEN-SUITE E250</b> <b>LAUDERDALE LAKES, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0630362</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				5. 01102008    Chg-NP    CR2E037 (12/06)	
5. Name and Address of Current Registered Agent  <b>PHOENIX MANAGEMENT SERVICES</b> <b>4780 NORTH STATE ROAD SEVEN</b> <b>SUITE E250</b> <b>LAUDERDALE LAKES, FL 33319</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP REYNOLDS, SCOTT 1570 SW 106TH TERRACE DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROSS-SANTANA, JOANNE 1644 EAST HARMONY LAKE CIRCE DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHURACK, TODD 4800 NORTH STATE RD 7 SUITE 105 LAUDERLAKE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPERLIEN, HOWARD 1725 SW 108TH TERR DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORINI, TONY 1705 SW 108 TERR FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>  <b>ANTHONY LORINI</b> <b>4/14/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					