2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002666

FILED Feb 09, 2009 Secretary of State

Entity Name: CENTURY HARMONY LAKES ESTATES ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
PHOENIX MANAGEMENT SERVICES 4780 NORTH STATE ROAD SEVEN-SUITE E250 LAUDERDALE LAKES, FL 33319				PHOENIX MANAGEMENT SERVICES 4800 NORTH STATE ROAD 7, SUITE 105 LAUDERDALE LAKES, FL 33319			
Current Mailing Address:				New Mailing Address:			
PHOENIX MANAGEMENT SERVICES 4780 NORTH STATE ROAD SEVEN-SUITE E250 LAUDERDALE LAKES, FL 33319 US				PHOENIX MANAGEMENT SERVICES 4800 NORTH STATE ROAD 7, SUITE 105 LAUDERDALE LAKES, FL 33319			
FEI Number: 6	55-0630362	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of	Status Desired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of Ne	w Register	ed Agent:
KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose of				PHOENIX MANAGEMENT SERVICES 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US			
in the State		brinto tino otaternoni for the pa		r onanging it	o registered on	ioc or region	orea agent, or bein,
SIGNATURE: TODD SHURACK				02/09/2009			
	Electronic	Signature of Registered Agen	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES T	O OFFICER	RS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DVPS () D REYNOLDS, SCO 1570 SW 106TH DAVIE, FL 33324	OTT TERRACE		Title: Name: Address: City-St-Zip:	()(Change () Add	dition
Title: Name: Address: City-St-Zip:	TD () D ROSS-SANTANA, 1644 EAST HARM DAVIE, FL 33324	JOANNE 10NY LAKE CIRCE		Title: Name: Address: City-St-Zip:	()(Change () Ado	dition
Title: Name: Address: City-St-Zip:	D () D SHURACK, TODD 4800 NORTH STA LAUDERLAKE LA	TE RD 7 SUITE 105		Title: Name: Address: City-St-Zip:	() (Change () Add	dition
Title: Name: Address: City-St-Zip:	D () D SPERLIEN, HOW 1725 SW 108TH DAVIE, FL 33324	ARD TERR		Title: Name: Address: City-St-Zip:	()(Change () Add	dition
Title: Name: Address: City-St-Zip:	P () D LORINI, TONY 1705 SW 108 TEI FORT LAUDERDA	RR		Title: Name: Address: City-St-Zip:	P (X) C LORINI, ANTHON 1705 SW 108 TE FORT LAUDERDA	RR	

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: ANTHONY LORINI PRES 02/09/2009