

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003481

FILED
Mar 22, 2011
Secretary of State

Entity Name: IMAGINATION FARMS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0852589 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: ESPINOSA, BENNY
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D
Name: BARILE, NANCY
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: S
Name: KATZ, SHERYL
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: V
Name: LOPEZ, RITA
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: T
Name: SANCHEZ, ISRAEL
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: BENNY ESPINOSA

P

03/22/2011

Electronic Signature of Signing Officer or Director

_____ Date