

2001 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-15-2001 90004 019 ****61.25

DOCUMENT # N98000004225

1. Entity Name

CENTURY PLAZA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

815 COLORADO AVE.,STE.305
 STUART FL 34994

Mailing Address

815 COLORADO AVE.,STE.305
 STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0892975**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BODEM, LOREN E
815 COLORADO AVE.,STE.305
STUART FL 34994

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MERRICK, R.D.**
 STREET ADDRESS **UPTON MANOR,UPON,EAST KNOYLE**
 CITY-ST-ZIP **WELTSHIRE SPS68W, UK**

TITLE **D** ☐ Delete
 NAME **MERRICK, P.M.**
 STREET ADDRESS **UPTON MANOR,UPON,EAST KNOYLE**
 CITY-ST-ZIP **WELTSHIRE SPS68W, UK**

TITLE **D** ☒ Delete
 NAME **BODEM, LOREN E**
 STREET ADDRESS **815 COLORADO AVE.,STE.305**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete
 NAME **Bodem, loren E**
 STREET ADDRESS **815 Colorado Ave # 305**
 CITY-ST-ZIP **Stuart FL 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 CITY-ST-ZIP

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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-01 (561) 286-4265
 Date Daytime Phone #

CP2E037 (5/01)