

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004225

1. Entity Name
CENTURY PLAZA PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**5391 SE BURNING TREE CIRCLE
STUART, FL 34997**

Mailing Address
**5391 SE BURNING TREE CIRCLE
STUART, FL 34997**



04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892975

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**JACOBSON, ALLAN N
5391 SE BURNING TREE CIRCLE
STUART, FL 34997**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
JACOBSON, ALLAN N
5391 SE BURNING TREE CIRCLE
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
STICE, SANDY
12 PEIDMONT CENTER - SUITE 418
ATLANTA, GA 30305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR.
ZALDIVAR, JULIO
1200 BRICKELL AVE. - 10TH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Allan N. Jacobson

ALLAN N. JACOBSON 4-19-05 772-253-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #