# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N98000004225

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

| Principal Place of Business | Mailing Address |
|---|---|
| 5391 SE BURNING TREE CIRCLE<br>STUART, FL 34997 | 5391 SE BURNING TREE CIRCLE<br>STUART, FL 34997 |

01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | MR. |
| NAME | JACOBSON, ALLAN N |
| STREET ADDRESS | 5391 SE BURNING TREE CIRCLE |
| CITY-ST-ZIP | STUART, FL 34997 |
| TITLE | MR. |
| NAME | STICE, SANDY |
| STREET ADDRESS | 12 PEIDMONT CENTER - SUITE 418 |
| CITY-ST-ZIP | ATLANTA, GA 30305 |
| TITLE | MR. |
| NAME | ZALDIVAR, JULIO |
| STREET ADDRESS | 1200 BRICKELL AVE. - 10TH FLOOR |
| CITY-ST-ZIP | MIAME, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/17/06-80034-025 150.00

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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.

**SIGNATURE:** Allan N Jacobs 4-25-06 772-283-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #