2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004225

FILED Apr 02, 2009 Secretary of State

| Entity Nar | ne: CENTUF | RY PLAZA PROPERTY OWNI | ERS' ASSOCIATION, INC. | | |
|---|--------------------------------------|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 5391 SE B STUART, I | URNING TRE FL 34997 | E CIRCLE | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 5391 SE B STUART, I | URNING TRE FL 34997 | E CIRCLE | | | |
| FEI Number: 65-0892975 | | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | N, ALLAN N URNING TRE FL 34997 | E CIRCLE JS | | | |
| The above in the State | named entity of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | gent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | JACOBSON, A | IING TREE CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | STICE, SAND | CENTER - SUITE 418 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | ZALDIVAR, JU | LL AVE 10TH FLOOR | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: ALLAN N. JACOBSON MR. 04/02/2009