


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90105 046 \*\*\*\*61.25

<b>DOCUMENT # N99000004545</b> 1. Entity Name <b>CENTER WEST ASSOCIATION, INC.</b>						
Principal Place of Business <b>2278 OLYMPIC CLUB TERRACE PALM CITY, FL 34990</b>				Mailing Address <b>2278 OLYMPIC CLUB TERRACE PALM CITY, FL 34990</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>65-0954470</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CHERVENY, SHIRLEY 2278 OLYMPIC CLUB TERRACE PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERVENY, SHIRLEY			NAME		
STREET ADDRESS	2278 OLYMPIC CLUB TERRACE			STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, ROBERTA			NAME		
STREET ADDRESS	681 PT ST LUCIE BLVD			STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERVENY, CARRIE B			NAME		
STREET ADDRESS	2278 OLYMPIC CLUB TERR			STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						

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

*Shirley Cherveny (D)* 1/8/2008