

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004545

FILED
Jan 06, 2009
Secretary of State

Entity Name: CENTER WEST ASSOCIATION, INC.

Current Principal Place of Business:

2278 OLYMPIC CLUB TERRACE
PALM CITY, FL 34990

New Principal Place of Business:

693 S W PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34953

Current Mailing Address:

2278 OLYMPIC CLUB TERRACE
PALM CITY, FL 34990

New Mailing Address:

693 S W PORT ST LUCIE BLVD.
PORT ST LUCIE, FL 34953

FEI Number: 65-0954470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERVENY, SHIRLEY
2278 OLYMPIC CLUB TERRACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MAIER, MARK
693 S W PORT ST LUCIE BLV.
PORT ST LUCIE, FL 34953 US

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: MARK MAIER

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHERVENY, SHIRLEY
Address: 2278 OLYMPIC CLUB TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: HUNTER, ROBERTA
Address: 681 PT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: CHERVENY, CARRIE B
Address: 2278 OLYMPIC CLUB TERR
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: IANNAcone, ROBERT
Address: 691 PORT ST LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change () Addition
Name: KELLY, MICHAEL
Address: 693 PT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Change () Addition
Name: MAIER, MARK
Address: 693 S W PORT ST LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Change (X) Addition
Name: THEOFOLIS, KATHRYN
Address: 683 S W PORT ST LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, F; 34953

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: MICHAEL KELLY

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date