

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004545

FILED
Feb 15, 2011
Secretary of State

Entity Name: CENTER WEST ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0954470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: IANNACONE, ROBERT
Address: 691 PORT ST LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

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

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

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

Title: D
Name: CHERVENY, SHIRLEY
Address: 689 S W PORT ST LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY CHERVENY

D

02/15/2011

Electronic Signature of Signing Officer or Director

Date