


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90196 031 ****61.25

DOCUMENT # N99000004599 1. Entity Name CENTENNIAL TOWNHOUSE EAST RESIDENT MANAGEMENT CORPORATION					
Principal Place of Business 961 NORTH LIBERTY STREET JACKSONVILLE, FL 32206			Mailing Address C/O VICKEY MURPHY 1015 NORTH LIBERTY STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3648485	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, VICKEY 1015 NORTH LIBERTY STREET JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAUFORT, ANNIE		NAME		
STREET ADDRESS	1007 N. LIBERTY STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, VICKEY W		NAME		
STREET ADDRESS	1015 NORTH LIBERTY STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, LA'NITA		NAME		
STREET ADDRESS	1004 N. LIBERTY STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODGERS, PHARIS		NAME		
STREET ADDRESS	1014 N. LIBERTY STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vickie W. Murphy, President (Vickey W. Murphy) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			February 12, 2005 (904) 598-9006 <small>Date Daytime Phone #</small>		

40024220



02102005 Chg-NP CR2E037 (10/03)