2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004599

FILED Jan 28, 2009 Secretary of State

Entity Name: CENTENNIAL TOWNHOUSE EAST RESIDENT MANAGEMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business:

961 NORTH LIBERTY STREET JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

C/O VICKEY MURPHY 1015 NORTH LIBERTY STREET JACKSONVILLE, FL 32206

FEI Number: 59-3648485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, VICKEY 1015 NORTH LIBERTY STREET JACKSONVILLE, FL 32206 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Ag

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP () Delete

 Name:
 PICKETT, ALFORNIA

 Address:
 1017 N. LIBERTY STREET

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title: PD () Delete
Name: MURPHY, VICKEY W
Address: 1015 NORTH LIBERTY STREE

Address: 1015 NORTH LIBERTY STREET City-St-Zip: JACKSONVILLE, FL 32206

 Title:
 SD () Delete

 Name:
 EVANS, ETHEL

 Address:
 969 N LIBERTY ST

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title: () Delete

Name: Address: City-St-Zip: Title: D (X) Change () Addition

Name: PICKETT, ALFORNIA
Address: 1017 N. LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD (X) Change () Addition

Name: MURPHY, VICKEY W

Address: 1015 NORTH LIBERTY STREET City-St-Zip: JACKSONVILLE, FL 32206

Title: PD (X) Change () Addition

 Name:
 EVANS, ETHEL

 Address:
 969 N LIBERTY ST

 City-St-Zip:
 JACKSONVILLE, FL 32206

Title: D () Change (X) Addition

Name: HARTLEY, LATONYA
Address: 959 N LIBERTY STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

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: VICKEY MURPHY SECR 01/28/2009