

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716116

Entity Name: CENTURY PLAZA ASSOCIATION, INC.**Current Principal Place of Business:**1012 NORTH OCEAN BLVD.
POMPANO BEACH, FL 33062**Current Mailing Address:**1012 NORTH. OCEAN BLVD.
POMPANO BEACH, FL 33062 US**FEI Number:** 59-1310400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLETTA, ANTHONY
1012 NORTH OCEAN BOULEVARD #811
POMPANO BEACH, FL 33062 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MCPHERSON, EDWARD
Address	1012 NORTH OCEAN BLVD. #1011
City-State-Zip:	POMPANO BEACH FL 33062

Title	S
Name	O'CONNOR, LUCY
Address	1012 NORTH OCEAN BLVD #1003
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	LARKIN, RAYMOND
Address	1012 NORTH OCEAN BLVD #PH6
City-State-Zip:	POMPANO BEACH FL 33062

Title	D
Name	MONTESON, PATTY
Address	1012 NORTH OCEAN BLVD #103
City-State-Zip:	POMPANO BEACH FL 33062

Title	AS
Name	DESROSIERS, JOSEPH N
Address	1012 NORTH OCEAN BLVD #808
City-State-Zip:	POMPANO BEACH FL 33062

Title	VP
Name	VERCESI, RON
Address	1012 NORTH. OCEAN BLVD.#1112
City-State-Zip:	POMPANO BEACH FL 33062

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: DESROSIERS, JOSEPH N.**OFFICER****02/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date