

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008246

FILED
Jan 20, 2009
Secretary of State

Entity Name: PARK CENTER AT METROWEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1750 W. BROADWAY ST
220
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 620368
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 90-0330557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KEVIN
1750 W. BROADWAY ST
STE 220
OVIEDO, FL 32765 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: DPVT (X) Delete
Name: BRADSHAW, WILLIAM L SR
Address: 7830 CANYON LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: REHSE, SID
Address: 1430 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: MACON, JIM
Address: 801 INTERNATIONAL PKWY 5TH FLOOR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: MACON, JIM
Address: 801 INTERNATIONAL PKWY 5TH FLOOR
City-St-Zip: LAKE MARY, FL 32746

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: JIM MACON

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date