2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000009144

1. Entity Name
CENTRAL PARK LV CONDOMINIUM ASSOCIATION, INC.

FILED
07 JUL -6 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06192007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
9101 LEE VISTA BLVD ORLANDO, FL 32829	9101 LEE VISTA BLVD ORLANDO, FL 32829

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0572995 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENIFEE, VICKIE 9101 LEE VISTA BLVD ORLANDO, FL 32829	Name Street Address (P.O. Box Number is Not Acceptable) City 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 [signature] 6/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 V NAME MENIFEE, VICKIE STREET ADDRESS 9101 LEE VISTA BLVD CITY-ST-ZIP ORLANDO, FL 32829	☒ Delete	TITLE PRESIDENT NAME VICKIE MENIFEE STREET ADDRESS 9101 LEE VISTA BLVD. CITY-ST-ZIP ORLANDO, FL 32829	☑ Change ☐ Addition
TITLE TD NAME GIBSON, NATALIE STREET ADDRESS 9101 LEE VISTA BLVD CITY-ST-ZIP ORLANDO, FL 32829	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300105624548 07/06/07--01025--001 **61.25	☐ Change ☐ Addition
TITLE SD NAME LONDONO, NATALIE STREET ADDRESS 9101 LEE VISTA BLVD CITY-ST-ZIP ORLANDO, FL 32829	☒ Delete	TITLE VICE PRESIDENT NAME JASON CHAPMAN STREET ADDRESS 9101 LEE VISTA BLVD. CITY-ST-ZIP ORLANDO, FL 32829	☑ Change ☐ Addition
TITLE D NAME CHAPMAN, JASON STREET ADDRESS 9101 LEE VISTA BLVD. CITY-ST-ZIP ORLANDO, FL 32829	☒ Delete	TITLE DIRECTOR NAME CARLOS RIVERA STREET ADDRESS 9101 LEE VISTA BLVD. CITY-ST-ZIP ORLANDO, FL 32829	☐ Change ☑ Addition
TITLE D NAME CHAPMAN, JASON STREET ADDRESS 9101 LEE VISTA BLVD CITY-ST-ZIP ORLANDO, FL 32829	☒ Delete	TITLE SECRETARY NAME GINA CEDENO STREET ADDRESS 9101 LEE VISTA BLVD. CITY-ST-ZIP ORLANDO, FL 32829	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 6/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #