

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011146

FILED
Apr 14, 2009
Secretary of State

Entity Name: CENTRE PARK COMMERCE CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1877 NORTHGATE BLVD #4
SARASOTA, FL 34234

New Principal Place of Business:

1877 NORTHGATE BLVD #4
SARASOTA, FL 34234 US

Current Mailing Address:

1877 NORTHGATE BLVD.
STE. 4
SARASOTA, FL 34234

New Mailing Address:

1877 NORTHGATE BLVD.
STE. 4
SARASOTA, FL 34234 US

FEI Number: 20-4165915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T ESQ
22 S. LINKS AVE #301
SARASOTA, FL 34236 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: D () Delete
Name: DONALDSON, ERIC L
Address: 6020 C DEACON PLACE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: CARE, DARRIN
Address: 6020 C DEACON PLACE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: CARE, TAMMY
Address: 6020 C DEACON PLACE
City-St-Zip: SARASOTA, FL 34238

Title: AS (X) Delete
Name: MANNING, MICHAEL
Address: 1877 NORTHGATE BLVD #4
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARE, DARRIN D
Address: 6020 C DEACON PLACE
City-St-Zip: SARASOTA, FL 34238 US

Title: D (X) Change () Addition
Name: CARE, TAMMY D
Address: 6020 C DEACON PLACE
City-St-Zip: SARASOTA, FL 34238 US

Title: AS (X) Change () Addition
Name: MANNING, MICHAEL AS
Address: 1877 NORTHGATE BLVD SUITE 4
City-St-Zip: SARASOTA, FL 34234 US

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

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: MICHAEL MANNING

AS

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date