

# 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