

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90094 012 \*\*\*\*61.25

**DOCUMENT # N09422**



1. Entity Name  
**CENTRAL PARK CONDO ASSOCIATION OF PALM BEACH, IN  
C.**

Principal Place of Business      Mailing Address  
**3520 INVESTMENT LANE      3520 INVESTMENT LANE**  
**UNIT 6                                      UNIT 6**  
**RIVIERA BEACH FL 33404          RIVIERA BEACH FL 33404**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2601305**

Applied For  
Not Applicable

Zip      Country      Zip      Country

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

**OBERG, ERIC**  
**3520 INVESTMENT LANE**  
**UNIT 6**  
**RIVIERA BEACH FL 33404**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>COLE, PHILLIP H</b>	<b>8287 KELSO DRIVE PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>OBERG, ERIC</b>	<b>141 ROY COURT CIRCLE ROYAL PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>LAUREN, NANCY</b>	<b>15574 92 WAY JUPITER FL 33478</b>	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **PHILLIP H. COLE** **REQUIRED** *Phillip H Cole* **1-6-03** **561-842-8441**

CR2E037 (10/02)