

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90021 012 \*\*\*\*61.25

**DOCUMENT # N95000005462**

1. Entity Name

**CENTRAL PARK II COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

144 VICTORIA LANE  
 JUPITER FL 33458

144 VICTORIA LANE  
 JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

2100 S. Kanner Hwy

P.O. Box 1453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0583844 65-1066877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

34995

Zip

County

34995

Martin

6. Name and Address of Current Registered Agent

SAWYER, THOMAS R ESQ.  
 2081 E. OCEAN BLVD. 2ND FLOOR  
 STUART FL 34996

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	STANGO, MICHAEL	144 VICTORIA LANE	JUPITER FL 33458	<input type="checkbox"/>
SD	SALISBURY, SCOTT	9006 INDIAN RIVER RUN	BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/>
TD	SCHUMATTI, JOHN	144 VICTORIAN LN	JUPITER FL 33458	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	SALISBURY, SCOTT	9006 INDIAN RIVER RUN	BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	SCHUMATTI, JOHN	144 VICTORIAN LN	JUPITER FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Stango  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

511-575-7172  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_