


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-12-2004 90016 043 ****61.25

DOCUMENT # N95000005462
 1. Entity Name
CENTRAL PARK II COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
2100 SOUTH KANNER HIGHWAY **PO BOX 1453**
STUART FL 34995 **STUART FL 34995**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1066887 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. 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 \$67.25
Due By May 1, 2004

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STANGO, MICHAEL 144 VICTORIA LANE JUPITER FL 33458 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PARKS, RALPH 1100 S FEDERAL HIGHWAY STUART FL 34994 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ETELSON, TRACEY 51 SE CENTRAL PARKWAY STUART FL 34994 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----|-------------------------------------|--|
| ESS | 111 Villa Bella Jupiter FL 33458 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Date: 3/25/04 Daytime Phone #: 5617755820
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR



MOORE CR2E037 (11/03)