
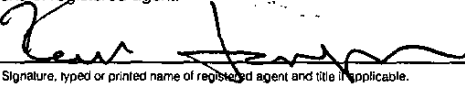
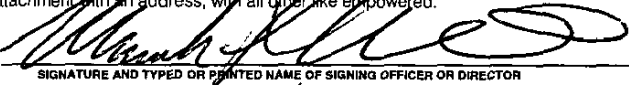


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91213 023 ****70.00

DOCUMENT # N98000001407					
1. Entity Name PARK CENTRAL CONDOMINIUM ASSOCIATION OF NAPLES, INC.					
Principal Place of Business 2340 STANFORD COURT NAPLES, FL 34112 US			Mailing Address 2340 STANFORD COURT NAPLES, FL 34112 US		
2. Principal Place of Business 12709 TAMiami TRAIL EAST Suite, Apt. #, etc.			3. Mailing Address 12709 TAMiami TRAIL EAST Suite, Apt. #, etc.		
City & State NAPLES FLORIDA		City & State NAPLES FLORIDA		4. FEI Number 59-3555615	
Zip 34113		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COLLIER ASSOCIATION MANAGEMENT 2340 STANFORD COURT NAPLES, FL 34112	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12709 TAMiami TRAIL EAST City Naples FL Zip Code 34113				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  KEITH TOMPKINS 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be 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 TD	NAME GATES, TODD		<input type="checkbox"/> Delete		
STREET ADDRESS 5405 PARK CENTRAL CT	CITY-ST-ZIP NAPLES, FL 34109		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME ALDERUCCIO, MARK		<input type="checkbox"/> Delete		
STREET ADDRESS 5405 PARK CENTRAL CT	CITY-ST-ZIP NAPLES, FL 34109		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD	NAME MEURS, LAWRENCE		<input type="checkbox"/> Delete		
STREET ADDRESS 5405 PARK CENTRAL CT	CITY-ST-ZIP NAPLES, FL 34109		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			4/30/04 239 5531444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK ALDERUCCIO					

24066378



02102004 Chg-NP CR2E037 (10/03)