



04-27-2007 90205 040 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010423			
1. Entity Name 1010 CENTRAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1010 CENTRAL AVENUE ST PETERSBURG, FL 33705		Mailing Address 1010 CENTRAL AVENUE ST PETERSBURG, FL 33705	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3001 Executive Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 260</i>	
City & State		City & State <i>Clearwater FL</i>	
Zip	Country	Zip	Country
<i>33702</i>	<i>USA</i>	<i>33702</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name <i>Condominium Associates</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>3001 Executive Drive</i>	
		Suite <i>Suite 260</i>	
		City <i>Clearwater</i>	
		FL Zip Code <i>33702</i>	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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	DP DOBLE, KEN H III <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBLE, KEN H III	NAME	
STREET ADDRESS	1010 CENTRAL AVENUE	STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG, FL 33705	CITY-STATE-ZIP	
TITLE	VPD PERRY, J JASON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, J JASON	NAME	
STREET ADDRESS	3500 LENOX RD SUITE 800, ONE ALLIANCE CENT	STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA, FL 30328	CITY-STATE-ZIP	
TITLE	DST WISE, R BRUCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, R BRUCE	NAME	
STREET ADDRESS	3500 LENOX RD SUITE 800, ONE ALLIANCE CENT	STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA, FL 30326	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 blocks unpowered.			
SIGNATURE: 		Date: <i>4/23/07</i> 404-926-0977	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date	