


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90115 027 \*\*\*\*70.00

<b>DOCUMENT # N06000004379</b>	
1. Entity Name <b>THE ESTATES AT PARK CENTRAL CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414</b>	Mailing Address <b>12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414</b>
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40081230



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State	City & State
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4. FEI Number <b>20-4888295</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>GAZIANO, BARBARA 12791 WEST FOREST HILL BLVD. SUITE 5-B WELLINGTON, FL 33414</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>The Law Offices of John L. DiMasi, P.A.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>301 N. Orange Avenue, #500</b>
City <b>Orlando</b>
State <b>FL</b>
Zip Code <b>32801</b>

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  **MICHAEL A. UNGERSBLEUMER, ESQ., AS AGENT** DATE **4/15/08**

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILES, RICK 12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, BRIAN 12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GAZIANO, BARBARA 12765 WEST FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINCENT PAIGE 2586 GRAND CENTRAL PKWY 7 ORLANDO FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBARA CONE 2586 GRAND CENTRAL PKWY 13 ORLANDO FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARK FORCUM 280 TAYLOR BLVD MILBRAR, CA 94030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 like empowered.

SIGNATURE  **As President of Estates at Park Central (907) 256-8990** DATE **4/10/08** Daytime Phone #