

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2014
Secretary of State
CC6005396163

Entity Name: ASTORIA CENTRAL PARK WEST, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD, SUITE 100
TALLAHASSEE, FL 32308

Current Mailing Address:

1801 HERMITAGE BLVD, SUITE 100
TALLAHASSEE, FL 32308

FEI Number: 46-3713396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SPOOK, STEPHEN A
Address 1801 HERMITAGE BLVD, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name TAYLOR, LAMAR
Address 1801 HERMITAGE BLVD, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name HAZEN, MAUREEN
Address 1801 HERMITAGE BLVD, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & SECRETARY
Name MCCARTHY, THOMAS D
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT & ASSISTANT
SECRETARY
Name KURNICK, KAREN
Address 191 N WACKER DRIVE
SUITE 2500
City-State-Zip: CHICAGO IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS D. MCCARTHY

**VICE PRESIDENT &
SECRETARY**

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date