

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 045 \*\*\*\*61.25

**DOCUMENT # 722102**

1. Entity Name

PARK CENTRAL TOWERS ASSOCIATION, INC.



Principal Place of Business

7321 CENTRAL AVE.  
ST. PETERSBURG FL 33710

Mailing Address

7321 CENTRAL AVE.  
ST. PETERSBURG FL 33710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

43-1024739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACUR, RICHARD A  
5200 CENTRAL AVENUE, P.O. BOX 14409  
ST. PETERSBURG FL 33733

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ID ☐ Delete  
NAME GILMORE, JAMES JR.  
STREET ADDRESS 7321 CENTRAL AVE #207  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☒ Addition  
NAME **SD JONES, RUTH**  
STREET ADDRESS **7321 CENTRAL AVE #401**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE PD ☐ Delete  
NAME GREEN, PATRICK  
STREET ADDRESS 7321 CENTRAL AVE #701  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHIRLEY BUHR  
STREET ADDRESS 7321 CENTRAL AVE #301  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VRD ☐ Delete  
NAME ONESSIMO, LISA  
STREET ADDRESS 7321 CENTRAL AVE OFFICE  
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME MENKE, L JACKIE  
STREET ADDRESS 7321 CENTRAL AVE. #601  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME **TD MENKE, L. L.**  
STREET ADDRESS **7321 CENTRAL AVE #203**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE D ☐ Delete  
NAME CLEMMONS, DEE  
STREET ADDRESS 7321 CENTRAL AVE, # 403  
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Loa L. Menke*

03/29/06 (727) 345-4216