2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2006
Secretary of State

DOCUMENT# 746500

Entity Name: CENTRAL PLAZA WEST ASSOCIATION, INC.

Current Principal Place of Business:

21216 OLEAN BLVD
SUITE 6
PT. CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

21216 OLEAN BLVD
SUITE 6
PT. CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-2428169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, ASTON
21216 OLEAN BLVD
SUITE 6
PT. CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DROWNE, DANIEL
Address: 21216 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: PALMER, EDWARD
Address: 21216 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: HANSON, LENITA
Address: 21216 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: NAIR, BALAKRISHKA
Address: 21216 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST ( ) Delete
Name: HANSON, ASTON
Address: 21216 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALDEN, DANIEL
Address: 21216 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTON HANSON D 03/05/2006

Electronic Signature of Signing Officer or Director — Date