

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763007

FILED
Apr 15, 2009
Secretary of State

Entity Name: CENTER PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

232 WILSHIRE BLVD.
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

232 WILSHIRE BLVD.
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3008983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, FRANK PAUL
DEER RUN REALTY
232 WILSHIRE BLVD.
CASSELBERRY, FL 32707 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: VP () Delete
Name: SACKETT, JUDITH
Address: 421 MONTGOMERY RD., SUITE 175
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: ROSANOVA, MARTIN
Address: 329 TULANE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: ADESSA, TINA
Address: 612 MONTGOMERY RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: GILBERT, JENNIFER
Address: 610 MONTGOMERY RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TRES () Delete
Name: MC KENNA, DAVE
Address: 47476 CONCORD RD
City-St-Zip: MACOMB, MI 48044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: FRANK PAUL BARBER

R/A

04/15/2009

Electronic Signature of Signing Officer or Director

Date