

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90010 019 ****61.25

DOCUMENT # 768231 1. Entity Name CENTRAL PARK SOUTH CONDOMINIUMS ASSOCIATION, INC.			
Principal Place of Business % 14 NION STREET BRIGHTON, MA 02135 US		Mailing Address % 14 NION STREET BRIGHTON, MA 02135 US	
Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919		Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919	
40222007 Chg-NP CR2E037 (12/06)		4. FEI Number 59-2647527	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919		Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919	
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 <u><i>Marie U Scharrer</i></u> VP Agent DATE <u>4-2-07</u> <small>(NOTE: Registered Agent signature required when reinstalling)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME PARKER, ALICE STREET ADDRESS 14 NION ST CITY-ST-ZIP BRIGHTON, MA 02135	<input type="checkbox"/> Delete	TITLE TD NAME Marie Scharrer STREET ADDRESS 9290 Lake Park Dr. J201 CITY-ST-ZIP Fort Myers, FL - 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME MARTIN, ANNE STREET ADDRESS 9270 LAKE PARK DR #H201 CITY-ST-ZIP FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Joanna Plutino STREET ADDRESS 9300 Lake Park Dr. K204 CITY-ST-ZIP Fort Myers, FL - 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COONEY, LEO STREET ADDRESS PO BOX 924 CITY-ST-ZIP HUMAROCK, MA 02047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TEMPERA, MARIO STREET ADDRESS 9270 LAKE PARK DR #H102 CITY-ST-ZIP FT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PERKINS, JOHN STREET ADDRESS 607 SE 31ST ST LN CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE D NAME Robert Miller STREET ADDRESS 9251 Central Pk Dr. F101 CITY-ST-ZIP Fort Myers, FL. 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Dean Diliberto STREET ADDRESS 9265 Lake Park Dr. L201 CITY-ST-ZIP Fort Myers, FL. 33919	<input type="checkbox"/> Change <input checked="" 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: <u><i>Marie U Scharrer</i></u>		DATE <u>4/17/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	