


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 769746 1. Entity Name PARK CENTRAL OWNERS ASSOCIATION, INC.	
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Principal Place of Business 2875 N.E. 191ST ST PENTHOUSE 1B MIAMI, FL 33180 US	Mailing Address 2875 N.E. 191ST ST PENTHOUSE 1B MIAMI, FL 33180 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2378666	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J
8030 PETERS RD STE D104
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SREDNI, ERWIN 2875 NE 191ST ST, PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SREDNI, ISAAC 2875 NE 191ST STREET, PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AZOUT, JACK 2875 NE 191ST STREET, PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILINSKI, SAUL 2875 N.E 191 STREET, PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000684325
04/06/07-80029-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC SREDNI

3/14/07

Date

(305) 925-9940

Daytime Phone #