

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769746**

1. Entity Name  
**PARK CENTRAL OWNERS ASSOCIATION, INC.**



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**



02052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2378666**

Applied For  
Not Applicable

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, 2008**

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	

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05/22/08-80079-009 61.25

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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

Date

Daytime Phone #