

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001599

1. Entity Name
PARK CENTER DRIVE DEVELOPMENT CORPORATION



Principal Place of Business
1768 PARK CENTER DRIVE
SUITE 400
ORLANDO, FL 32835 US

Mailing Address
1768 PARK CENTER DRIVE
SUITE 400
ORLANDO, FL 32835 US

FILED

08 MAY -2 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3372283

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHWW, INC.
390 N. ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500128282945
05/02/08--01003--005 **\$175.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
TOWNSEND, DAVID J
1768 PARK CENTER DRIVE, SUITE 400
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

25/6

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 607, 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 #

David J. Townsend, Pres. 4/25/08