


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64233			
1. Entity Name CENTRAL PARK LODGES (TARPON SPRINGS), INC.			
Principal Place of Business 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046 US		Mailing Address 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046 US	
2. Principal Place of Business - No P.O. Box # 7150 Columbia Gateway Dr. Suite, Apt. #, etc. Suite J City & State Columbia, MD Zip 21046		3. Mailing Address 7150 Columbia Gateway Dr. Suite, Apt. #, etc. Suite J City & State Columbia, MD Zip 21046	

FILED

2007 JAN 31 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162007 Chg-P CR2E034 (12/06)

4. FEI Number
52-1440974
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000087709680
02/08/07--01005--008 **1150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TIMOTHY F 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 Columbia Gateway Dr. Ste J Columbia, MD 21046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP POOLE, JOHN B 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 Columbia Gateway Dr. Ste J Columbia, MD 21046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, JOHN R JR 125 WEST 55TH STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TRYBUS, TIMOTHY J 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 Columbia Gateway Dr. Ste J Columbia, MD 21046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP AUMAN, MATTHEW F 7125 THOMAS EDISON DR STE 225 COLUMBIA, MD 21046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 Columbia Gateway Dr. Ste J Columbia, MD 21046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 #

TIM TRYBUS

1/17/07

443-539-2352