2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N00000005421

1. Entity Name
CENTRAL PARK PROFESSIONAL PLAZA OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5306 CORTEZ ROAD WEST SUITE 4 BRADENTON, FL 34120	5306 CORTEZ ROAD WEST SUITE 4 BRADENTON, FL 34120

DO NOT WRITE IN THIS SPACE

04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1100189

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOWELL, ERIC D
5306 CORTEZ ROAD WEST
SUITE 4
BRADENTON, FL 34120

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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

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	PD
NAME	HOWELL, ERIC D
STREET ADDRESS	5306 CORTEZ ROAD WEST #4
CITY-ST-ZIP	BRADENTON, FL 34120
TITLE	STD
NAME	HOWELL, CHERYL C
STREET ADDRESS	5306 CORTEZ ROAD WEST #4
CITY-ST-ZIP	BRADENTON, FL 34120
TITLE	VD
NAME	ENGELMAN, GREG A
STREET ADDRESS	9941 ASHLEY DRIVE
CITY-ST-ZIP	SEMINOLE, FL 34642
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80069-016 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] 4-30-07 941-794-3262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #