

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

DOCUMENT # N00000005974

1. Entity Name
THORNTON PARK CENTRAL CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
10 N. SUMMERLIN AVE
ORLANDO, FL 32801
Mailing Address
6000 S RIO GRANDE AVE
102
ORLANDO, FL 32809

2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>1350 Orange Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>100</i>
City & State	City & State <i>Winter Park FL</i>
Zip	Zip <i>32789</i>
Country	Country <i>USA</i>

6. Name and Address of Current Registered Agent TAYLOR & CARLS, P.A. 850 CONCOURSE PKWY. S STE. 105 MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i>
--	--

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAMBRIGHT, RANDALL 10 N SUMMERLIN AVE #27 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Jessica Kepple 10 N Summerlin # 46 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWEN, REESE 10 N. SUMMERLIN AVE #42 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bowen, Reese 10 N. Summerlin Ave #42 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUBARTH, SANDY 10 NORTH SUMMERLIN AVENUE #55 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Randy Brasch 10 N. Summerlin Ave #39 Orlando FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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: *Jessica Kepple* Jessica Kepple 4/20/08 (407)999-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 05, 2008 8:00 am
Secretary of State**

05-05-2008 90258 024 ****61.25



03312008 Chg-NP CR2E037 (12/06)