

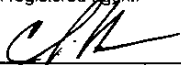
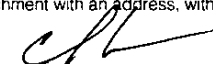


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90119 025 ****61.25

DOCUMENT # N01000003018					
1. Entity Name CENTRAL PARKWAY BUSINESS CENTER, CONDOMINIUM, INC.					
Principal Place of Business 621 SE CENTRAL PARKWAY STUART, FL 34994			Mailing Address 621 SE CENTRAL PARKWAY STUART, FL 34994		
2. Principal Place of Business 629 SE Central Parkway		3. Mailing Address 3766 SE Ocean Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032006 Chg-NP CR2E037 (11/05)	
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 01-0653954	
Zip 34994		Country Mont.N		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GEORGE, T KELLY W 621 SE CENTRAL PARKWAY STUART, FL 34994			7. Name and Address of New Registered Agent Name: Charles S. Andrews Street Address (P.O. Box Number is Not Acceptable): 3766 SE Ocean Blvd. City: Stuart FL Zip Code: 34996		
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:  Charles Andrews authorized agent 3/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 M NAME KELLY, GEORGE T IV STREET ADDRESS 621 SE CENTRAL PARKWAY CITY-ST-ZIP STUART, FL 34994	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME TETTAMANTI, ANNAMARIE STREET ADDRESS 625 SE CENTRAL PARKWAY CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WALKS, RON STREET ADDRESS 597 SE CENTRAL PARKWAY CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MCMAHON, TOM STREET ADDRESS 581 SE CENTRAL PARKWAY CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HILL, DAVID STREET ADDRESS SE CENTRAL PARKWAY CITY-ST-ZIP STUART, FL 34994	<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 	<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 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:  3/3/06 772-219-0803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					