

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2009  
Secretary of State**

DOCUMENT# N01000003018

Entity Name: CENTRAL PARKWAY BUSINESS CENTER, CONDOMINIUM, INC.

**Current Principal Place of Business:**

629 SE CENTRAL PARKWAY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

3766 SE OCEAN BLVD.  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 01-0653954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDREWS, CHARLES S  
3766 SE OCEAN BLVD.  
STUART, FL 34996      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: M      ( ) Delete  
Name: FIORELLA, NICK  
Address: 513/517 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

Title: T      ( ) Delete  
Name: TETTAMANTI, ANNAMARIE  
Address: 625 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

Title: VP      ( ) Delete  
Name: COONEY, JOHN  
Address: 577 SE CENTRAL PKWY  
City-St-Zip: STUART, FL 34994

Title: S      ( ) Delete  
Name: MCMAHON, TOM  
Address: 581 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

Title: P      ( ) Delete  
Name: HILL, DAVID  
Address: 585 SE CENTRAL PKWY  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HILL

P

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date