



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008228	
1. Entity Name THE FLORIDA CENTRAL PARK PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business 2987 CLAIRMONT RD, STE 550 ATLANTA, GA 30329	Mailing Address 2987 CLAIRMONT RD, STE 550 ATLANTA, GA 30329
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DO NOT WRITE IN THIS SPACE

	
02252005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 58-2665024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTILLO, ROBERT A 2987 CLAIRMONT RD, STE 550 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALD, DANIEL L 2987 CLAIRMONT RD, STE 550 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REESE, CLAY W 2987 CLAIRMONT RD, STE 550 ATLANTA, GA 30329
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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U00000271240
03/21/05-80040-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: 2/15/05	Daytime Phone #: (678) 365-4706
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		