

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2006 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



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2665024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
PATTILLO, ROBERT A
STREET ADDRESS
2987 CLAIRMONT RD, STE 550
CITY-ST-ZIP
ATLANTA, GA 30329

TITLE
NAME
P
WALD, DANIEL L
STREET ADDRESS
2987 CLAIRMONT RD, STE 550
CITY-ST-ZIP
ATLANTA, GA 30329

TITLE
NAME
S
REESE, CLAY W
STREET ADDRESS
2987 CLAIRMONT RD, STE 550
CITY-ST-ZIP
ATLANTA, GA 30329

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

000000420284
02/15/06-80047-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Clay W. Reese* - Clay W. Reese 1/6/06 (770) 457-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #