


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 006 ****61.25

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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2. Principal Place of Business - No P.O. Box # 2200 CENTRAL PARKWAY	3. Mailing Address
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State ATLANTA, GA	City & State
Zip 30341	Country USA

1st MOORE CR2E037 (10/06)

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	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL Zip Code	

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTILLO, ROBERT A 2987 CLAIRMONT RD, STE 550 ATLANTA GA 30329 <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	P WALD, DANIEL L 2987 CLAIRMONT RD, STE 550 ATLANTA GA 30329 <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	S REESE, CLAY W 2987 CLAIRMONT RD, STE 550 ATLANTA GA 30329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/21/07** **678-365-4714**
Signature and typed or printed name of signing officer or director Date Daytime Phone #