

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001257

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** CENTRAL PARK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

265 AIRPORT ROAD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 01-0687613      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 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: PD ( ) Delete  
Name: BASIC, KEITH  
Address: 3021 AIRPORT PULLING RD #302  
City-St-Zip: NAPLES, FL 34105

Title: VPTD ( ) Delete  
Name: BASIK, JEFF  
Address: 13720 CYPRESS TERRACE CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: AKNEY, KAREN  
Address: 5405 PARK CENTRAL CT.  
City-St-Zip: NAPLES, FL 34109

**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:

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: KEITH BASIK

PD

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date