2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N02000003964 1. Entity Name CENTRAL PARK TWO PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business _____ Mailing Address 621 SE CENTRAL PKWY STUART, FL 34994 Mailing Address 621 SE CENTRAL PKWY STUART, FL 34994 03222005 No Chg-NP

FILED Apr 12, 2005 08:00 AM Secretary of State



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222005 No Chg-NP CR2E037 (10/03)

4. FEI Number	Applied For	
NOT APPLICABLE	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELLY, GEORGE T IV 621 SE CENTRAL PKWY STUART, FL 34994

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	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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, 2005	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A CONTRACTOR OF THE CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KELLY, GEORGE T IV 621 SE CENTRAL PKWY STUART, FL 34994				U00000300083 04/12/05-800 07-001 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
12. Thereby o	certify that the information supplied with this f	iling does not qualify for the exen	nption stated	d in Section 119.07(3)	(i), Florida Statutes I further certify that the information

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath, that I am an officer or director of the corporation or the receiver or trusted 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 report overed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 772-287-8858

Daytime Phone