


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90684 045 ****61.25

DOCUMENT # N02000003964

1. Entity Name
CENTRAL PARK TWO PROPERTY OWNERS ASSOCIATION, IN C.



Principal Place of Business Mailing Address
**560 CENTER ST.
JUPITER FL 33458** **560 CENTER ST.
JUPITER FL 33458**

JUUJUUUU



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
621 SE CENTRAL PKWY **621 SE CENTRAL PKWY**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
STUART, FL **STUART, FL**

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country
34994 **US** **34994** **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANDERSON, DON
560 CENTER ST.
JUPITER FL 33458**

7. Name and Address of New Registered Agent
Name: **GEORGE T. KELLY IV**
Street Address (P.O. Box Number is Not Acceptable): **621 SE CENTRAL PARKWAY**
City: **STUART** FL Zip Code: **34994**

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:  DATE: **2/14/03**
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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ANDERSON, DON	
STREET ADDRESS	560 CENTER ST.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KELLY, GEORGE T IV	
STREET ADDRESS	560 CENTER ST.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINCE, JOEL	
STREET ADDRESS	917 CENTRAL PARK WAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	621 SE CENTRAL PARKWAY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **2/14/03** **772 287 8888**

CR2E037 (10/02)