


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N02000005494 1. Entity Name CENTRE PARK ASSOCIATION, INC. |  |
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| Principal Place of Business 2150 WHITFIELD AVE BRADENTON, FL 34243 | Mailing Address 2150 WHITFIELD AVE BRADENTON, FL 34243 |
|--|--|



02232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 05-0572170 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEBB, CARTER
2150 WHITFIELD AVENUE
SARASOTA, FL 34243

**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, 2005**

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

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CARTER, WEATHERSBY 2150 WHITFIELD AVE BRADENTON, FL 34243 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CAVALAS, JOEL 2150 WHITFIELD AVE BRADENTON, FL 34243 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RICHARDSON, T J 2150 WHITFIELD AVE BRADENTON, FL 34243 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/25/05-80045-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05 941-751-1000 ext 325
Date Daytime Phone #