

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90008 024 ****61.25

DOCUMENT # N02000005494

1. Entity Name
CENTRE PARK ASSOCIATION, INC.



Principal Place of Business
**2150 WHITFIELD AVE
BRADENTON, FL 34243**

Mailing Address
**2150 WHITFIELD AVE
BRADENTON, FL 34243**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
05-0572170

Applied For
Not Applicable

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Webb Carter

2/27/06

Date

941-751-1000

Daytime Phone #