2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002353

FILED Apr 18, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110

FEI Number: 20-0951748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROBINSON, STEPHEN V GATES, TODD E
12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110 US 12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110 US

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: TODD E. GATES 04/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: BOZZO, SR, MICHAEL J Name:

 Name:
 BOZZO, SR, MICHAEL J
 Name:

 Address:
 317 MOORINGLINE DR
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: ROBINSON, STEPHEN V Name: GATES, TODD E

Name: ROBINSON, STEPHEN V Name: GATES, TODD E
Address: 12810 TAMIAMI TRAIL NORTH Address: 12810 TAMIAMI TRAIL NORTH

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GATES, TODD E
 Name:
 OATES, MARC

 Address:
 12810 TAMIAMI TRAIL NORTH
 Address:
 5515 BRYSON DR. #502

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34109

Title: D (X) Delete Title: () Change () Addition

 Name:
 OATES, MARC
 Name:

 Address:
 5515 BRYSON DR. #502
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD E. GATES D 04/18/2007