

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N04000006145</b> 1. Entity Name <b>CENTRAL PARKWAY PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.</b>				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  <b>2006 JUL 24 AM 10:32</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>610-628 SE CENTRAL PKWY STUART, FL 34994</b>		Mailing Address <b>1225 LITE ST JUPITER, FL 33458</b>		 07122006 Chg-NP CR2E037 (4/06)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1225 LITE Street</b> Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number <b>61-1472599</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>WALKER, KEVIN 628 SE CENTRAL PKWY STUART, FL 34994</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Joseph D. GROSSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1014 SE Central Parkway</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7.17.06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WALKER, KEVIN</b> <b>628 SE CENTRAL PKWY</b> <b>STUART, FL 34994</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Joseph D. GROSSO</b> <b>1014 SE Central Parkway</b> <b>Stuart FL 34994</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ELLIOT, DAVID</b> <b>622 SE CENTRAL PKWY</b> <b>STUART, FL 34994</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300078231383</b> <b>08/01/06--01048--004 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>IORE, DENNIS JR</b> <b>616 SE CENTRAL PKWY</b> <b>STUART, FL 34994</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Angela Poag</b> <b>1014 SE Central Parkway</b> <b>Stuart FL 34994</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7.17.06</b> Daytime Phone # <b>722-220-3496</b>		