2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000010922

1. Entity Name

CENTRAL PARK I PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4161 TAMIAMI TRAIL CHARLOTTE HARBOR, FL 33952	126 E OLYMPIA AVE STE 301 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

02102007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-2450026	Not Applicable

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

6. Name and Address of Current Registered Agent

FILEMAN, ARIANA R
1107 WEST MARION AVE., STE. 112
PUNTA GORDA, FL 33950

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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   2-27-07

Filing Fee is $61.25
Due by May 1, 2007

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

U000000654220
03/13/07-80053-009 61.25

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BISHOP, BRAD
STREET ADDRESS	4161 TAMIAMI TRAIL
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33952

TITLE	D
NAME	HERSTON, JAMES W
STREET ADDRESS	4161 TAMIAMI TRAIL
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33952

TITLE	D
NAME	NICKELSON, KIM
STREET ADDRESS	4161 TAMIAMI TRAIL
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #