


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90017 048 ****61.25

DOCUMENT # N04000010922	
1. Entity Name CENTRAL PARK I PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4161 TAMiami TRAIL CHARLOTTE HARBOR, FL 33952	Mailing Address 126 E. OLYMPIA AVE STE 301 PUNTA GORDA, FL 33950
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40046927



01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2450026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Kim Nickelson</i> <i>126 E. Olympia Ave</i> <i>Suite 301</i> <i>Punta Gorda, FL 33950</i>	
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**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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 BISHOP, BRAD 4161 TAMiami TRAIL CHARLOTTE HARBOR, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERSTON, JAMES W 4161 TAMiami TRAIL CHARLOTTE HARBOR, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICKELSON, KIM 4161 TAMiami TRAIL 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	

**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

3-4-08 941-575-6758
Date Daytime Phone #