

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010922

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CENTRAL PARK I PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4161 TAMiami TRAIL  
CHARLOTTE HARBOR, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

126 E OLYMPIA AVE  
STE 301  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 20-2450026      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NICKELSON, KIM  
126 E OLYMPIA AVE STE 301  
PUNTA GORDA, FL 33950 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BISHOP, BRAD  
Address: 4161 TAMiami TRAIL  
City-St-Zip: CHARLOTTE HARBOR, FL 33952

Title: D ( ) Delete  
Name: HERSTON, JAMES W  
Address: 4161 TAMiami TRAIL  
City-St-Zip: CHARLOTTE HARBOR, FL 33952

Title: D ( ) Delete  
Name: NICKELSON, KIM  
Address: 4161 TAMiami TRAIL  
City-St-Zip: CHARLOTTE HARBOR, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIM M. NICKELSON

MGRM

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date