

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N04000010923

1. Entity Name

CENTRAL PARK MASTER ASSOCIATION, INC.



Principal Place of Business

**126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950**

Mailing Address

**126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950**



01242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2458264

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICKELSON, KIM
126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**000000851742
03/25/08-80052-021 61.25**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME NICKELSON, KIM
STREET ADDRESS 126 EAST OLYMPIA AVE., STE. 301
CITY-ST-ZIP PUNTA GORDA, FL 33950**

**TITLE VD
NAME HERSTON, JAMES W
STREET ADDRESS 126 EAST OLYMPIA AVE., STE. 301
CITY-ST-ZIP PUNTA GORDA, FL 33950**

**TITLE STD
NAME BISHOP, BRAD
STREET ADDRESS 126 EAST OLYMPIA AVE., STE. 301
CITY-ST-ZIP PUNTA GORDA, FL 33950**

**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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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

Date

(941) 575-6750

Daytime Phone #