

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011473

1. Entity Name
CENTRAL COMMERCE CENTER ASSOCIATION, INC.



Principal Place of Business

8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741

Mailing Address

8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741



03132006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
20-2338425

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARSONS, RAY
8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741

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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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARSONS, RAY
STREET ADDRESS	8 BROADWAY, SUITE 218
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	VSTD
NAME	PARSONS, DALE
STREET ADDRESS	8 BROADWAY, SUITE 218
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	ROGERS, SUSIE
STREET ADDRESS	8 BROADWAY, SUITE 218
CITY-ST-ZIP	KISSIMMEE, FL 34741
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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05/08/06-80023-015 61.25

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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Ray Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.06

407.847.4701

Date

Daytime Phone #