

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006026

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** CENTRAL PARK A METROWEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN ROAD STE. 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN ROAD STE. 450  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-2408764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY MANAGEMENT PROFESSIONALS, INC.  
5401 S KIRKMAN, SUITE 450  
ORLANDO, FL 32819 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: P  
Name: MILLAR, TAMMY  
Address: 6082 WESTGATE DRIVE #204  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: SCHMITZ, AARON  
Address: 6016 WESTGATE DR. # 304  
City-St-Zip: ORLANDO, FL 32835

Title: TS  
Name: CROSBY, CATHY  
Address: 6166 WESTGATE DRIVE #301  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: BUCK, ROBERT  
Address: 5956 WESTGATE DR. # 202  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: DAVENPORT, WINIFRED  
Address: 6094 WESTGATE DR. # 202  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: TAMMY MILLAR

P

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date