

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-13-2006 90021 025 ****61.25

DOCUMENT # N05000007962 1. Entity Name CITY CENTRAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1313 GRAY STREET TAMPA, FL 33606			Mailing Address 1313 GRAY STREET TAMPA, FL 33606		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3341600	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 of individual named in registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$81.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COHEN, ANDREW 1313 GRAY STREET TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COHEN, HARRY 1313 GRAY STREET TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: _____		Date: 7-8-06		Document # 013-220-0808	