



**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # N05000011146</b>				<b>STATE OF FLORIDA</b>	
1. Entity Name <b>CENTRE PARK COMMERCE CENTRE CONDOMINIUM ASSOCIATION, INC.</b>				04-21-2008 90060 018 ****61.25	
Principal Place of Business <b>1877 NORTHGATE BLVD #4 SARASOTA, FL 34234</b>		Mailing Address <b>6020 C DEACON PLACE SARASOTA, FL 34238</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1877 Northgate Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ste 4</b>		04022008 Chg-NP CR2E037 (12/06)	
City & State		City & State <b>Sarasota FL</b>		4. FEI Number <b>20-4165915</b>	
Zip		Zip <b>34234</b>		Applied For Not Applicable	
Country		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WELLS, KEVIN T ESQ 22 S. LINKS AVE #301 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONALDSON, ERIC L	NAME			
STREET ADDRESS	6020 C DEACON PLACE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARE, DARRIN	NAME			
STREET ADDRESS	6020 C DEACON PLACE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARE, TAMMY	NAME			
STREET ADDRESS	6020 C DEACON PLACE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANNING, MICHAEL	NAME			
STREET ADDRESS	1877 NORTHGATE BLVD #4	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <b>MICHAEL MANNING</b> <i>Michael Manning</i> <b>4-16-2008</b> <b>941 359-4870</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					