

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011567

FILED  
Sep 24, 2009  
Secretary of State

**Entity Name:** CHARLES TOWNE AT PARK CENTRAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5145 CITY STREET  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

5145 CITY STREET  
ORLANDO, FL 32839

**New Mailing Address:**

**FEI Number:** 20-4174334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

AZAM, ASIMA ESQ.  
24 S. ORANGE AVE.  
ORLANDO, FL 32802 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: PD ( ) Delete  
Name: PETERS, CHRIS  
Address: 622 3RD AVE  
City-St-Zip: NEW YORK, NY 10017

Title: VD ( ) Delete  
Name: MEYER, TONI  
Address: 3424 PEACHTREE RD NE #2200  
City-St-Zip: ATLANTA, GA 30328

Title: STD ( ) Delete  
Name: COLLINS, NEEDRA  
Address: 3424 PEACHTREE RD #2200  
City-St-Zip: ATLANTA, GA 30326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ZIFF, ANDREA  
Address: 5144 CITY STREET #226  
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NEEDRA COLLINS

STD

09/24/2009

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

\_\_\_\_\_  
Date