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Secretary of State
04-28-2008 90385 018 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012324

1. Entity Name
BELMONT AT PARK CENTRAL CONDOMINIUM ASSOCIATION, INC.

40086509

Principal Place of Business	Mailing Address
5009 PARK CENTRAL DR. ORLANDO, FL 32839	5009 PARK CENTRAL DR. ORLANDO, FL 32839

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-~~2745234~~ 4174140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CANTO, LAURIE~~ EX 5009 PARK CENTRAL DR. ORLANDO, FL 32839	Name: Collins, Nedra 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: Nedra L. Collins 4/15/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 KOHANA, RANDY 400 MADISON AVE., STE. 2B NEW YORK, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Peters, Chris 622 3rd Avenue New York, NY 10017	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ZERNER, MICHAEL C. 400 MADISON AVE., STE. 2B NEW YORK, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Meyer, Toni 3424 Peachtree Rd. #2200 Atlanta, GA 30326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCHOCHET, SETH 400 MADISON AVE SUITE 2B NEW YORK, NY 10017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Collins, Nedra 3424 Peachtree Rd #2200 Atlanta, GA 30326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nedra L. Collins 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #