

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE:
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05524 (6)
1. Corporation Name
PARK CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**11300 66TH ST. N.
LARGO FL 34643** **11300 66TH ST. N.
LARGO FL 34643**

3. Date Incorporated or Qualified **10/08/1984** 3a. Date of Last Report **03/01/1995**
4. FEI Number **59-2716428** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

**HAMS, ERNEST D.
12909 PARK BLVD.
SEMINOLE FL 34646-0638**

10. Name and Address of New Registered Agent

81 Name **KEVIN J. GEIGLE**
82 Street Address (P.O. Box Number is Not Acceptable)
1872 HUNT LANE
83
84 City **CLEARWATER** FL 85 Zip Code **34624**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **KEVIN J. GEIGLE** **PRESIDENT**
(NOTE: Registered Agent signature required when reinstating)

2/21/96
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD HAMS, ERNEST D. <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD KEVIN J. GEIGLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12909 PARK BLVD. | 1.2 NAME | 1872 HUNT LANE |
| STREET ADDRESS | SEMINOLE FL | 1.3 STREET ADDRESS | CLEARWATER, FL 34624 |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | SD GARCIA, MANUEL <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 11100 66TH ST. N. #7 | 2.2 NAME | |
| STREET ADDRESS | LARGO FL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | D PIERCE, KATHY <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 11250 66TH ST NO | 3.2 NAME | |
| STREET ADDRESS | LARGO FL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | D GRUNDMAN, CAROL <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 11250 66TH ST NO | 4.2 NAME | |
| STREET ADDRESS | LARGO FL | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | D SEDDON, ALFRED <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6741 BRYAN DAIRY RD | 5.2 NAME | |
| STREET ADDRESS | LARGO FL | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | D FICCO, VINCENT <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6761 BRYAN DAIRY RD | 6.2 NAME | |
| STREET ADDRESS | LARGO FL | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **KEVIN J. GEIGLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)