


FILED
Feb 22, 2005 8:00 am
Secretary of State

01-14-2005 90007 003 ****50.00
02-22-2005 90015 032 ****11.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05524 1. Entity Name PARK CENTRE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 25120 ANGEL ST. BROOKSVILLE, FL 34601 US	Mailing Address 25120 ANGEL ST. BROOKSVILLE, FL 34601 US
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DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2716428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GRABER, DWIGHT
25120 ANGEL ST.
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRABER, DWIGHT 25120 ANGEL ST. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JAIN, NARESH 6701 BRYAN DAIRY RD, #601 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD PIERCE, KATHY 11250 68TH STREET N. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Robert White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

813-930-0040

Daytime Phone #