


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90385 019 ****61.25

DOCUMENT # N06000000154 1. Entity Name MANOR ROW AT PARK CENTRAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5277 WELLINGTON PARK CIRCLE ORLANDO, FL 32839			Mailing Address 5277 WELLINGTON PARK CIRCLE ORLANDO, FL 32839		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-4174685			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CANIXO TOURS 5277 WELLINGTON PARK CIRCLE ORLANDO, FL 32839				7. Name and Address of New Registered Agent 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 <u><i>Nedra Collins</i></u> DATE <u>4/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD KOHANA, RANDY 400 MADISON AVE SUITE 2B NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peters, Chris 622 3rd Avenue New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZERNER, MICHAEL C 400 MADISON AVE SUITE 2B NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Meyer, Toni 3424 Peachtree Rd. N.E. #2200 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEHOCET, SETH 400 MADISON AVE SUITE 2B NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Collins, Nedra 3424 Peachtree Rd. #2200 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u><i>Nedra Collins</i></u> DATE <u>4/15/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40086508



04152008 Chg-NP CR2E037 (12/06)