2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002404

FILED Jul 30, 2007 Secretary of State

Entity Nan	ne: CENTRAL PARK PLAZA CONDOMINIUM ASS	SOCIATION, INC.		
Current Principal Place of Business:		New Principal Place of Business:		
515 N. FLAGER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401		C/O CENTRAL PARK PLAZA,1ST FL SALES OFFICE 326 FERN STREET WEST PALM BEACH, FL 33401		
Current Ma	ailing Address:	New Mailing Address	New Mailing Address:	
515 N. FLAGER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401		C/O CASEY CIKLIN LUBITZ MARTENS &O'CONNELL 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401		
FEI Number: FEI Number Applied For() FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t		lumber Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
CRANE, ROBERT L ESQ. 515 N. FLAGER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401 US		CRANE, ROBERT L ESQ. C/O CASEY CIKLIN LUBITZ MARTENS &O'CONNELL 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401 US		
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ROBERT L. CRANE, ESQ.		07/30/2007	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () Delete ENGEL, JAMES M 910 W. VAN BUREN #403 CHICAGO, IL 60607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () Delete SULZER, JAMES 10 S. LASALLE STREET #3505 CHICAGO, IL 60603	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete ROPPOLO, CARL 532 WHITNEY BLVD BELVIDERE, IL 61008	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT L. CRANE, ESQ. RA 07/30/2007