


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002404		
1. Entity Name CENTRAL PARK PLAZA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business C/O CENTRAL PARK PLAZA, 1ST FL SALES OFFICE 326 FERN STREET WEST PALM BEACH, FL 33401	Mailing Address C/O CASEY CIKLIN LUBITZ MARTENS & O'CONNELL 515 N. FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH, FL 33401	



04182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ.
C/O CASEY CIKLIN LUBITZ MARTENS & O'CONNELL
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

**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

4-21-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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	DP ENGEL, JAMES M 910 W. VAN BUREN #403 CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SULZER, JAMES 10 S. LASALLE STREET #3505 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROPOLO, CARL 532 WHITNEY BLVD BELVIDERE, IL 61008
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #