2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004379

FILED Feb 03, 2009 Secretary of State

Entity Name: THE ESTATES AT PARK CENTRAL CONDOMINIUM ASSOCIATION, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414				5145 CITY STREET ORLANDO, FL 32839		
Current Mailing Address:				New Mailing Address:		
12765 WEST FOREST HILL BOULEVARD SUITE 1307 WELLINGTON, FL 33414			5145 CITY STREET ORLANDO, FL 32839			
FEI Number:	20-4888295	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
THE LAW OFFICE OF JOHN L DIMASI, PA 801 N ORANGE AVE 500 ORLANDO, FL 32801 US				KATZMAN GARFINKEL, PA 1501 NORTHWEST 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309 US		
The above in the State		submits this statement for the p	ourpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: KATZMAN GARFINKEL, PA					02/03/2009	
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PAIGE, VINCEN 2586 GRAND C ORLANDO, FL	ENT PKWY 7		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () CONE, BARBAF 2586 GRAND C ORLANDO, FL	ONT PKWY 13		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () FORCUM, MAR 280 TAYLOR BI MILLBRAE, CA	_VD		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: COURTNEY WALLER PM02/03/2009