FILED May 01, 2007 8:00 am Secretary of State 04-11-2007 90034 010 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0600009018 1. Entity Name GRAND CENTRAL AT KENNEDY RETAIL CONDOMINIUM ASSOCIATION, INC.				ļ.)/ 90034 010 °	01.23	
Principal Place of Business Mailing Address 1101 CHANNELSIDE DR 1101 CHANNELSIDE DR				66012297				
STE 240 STE 240				-,	•			
TAMPA, FL 33602 TAMPA, FL 33602					OND ON A COM EL	H aa n lan lan alaa k		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address				1			10. (0.)(1. 6.) (0.)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				01182007 CI	ng-NP	CR2E037 (12/0	06)	
City & State City & State				4. FEI Number	7625 7	781	Applied For Not Applicable	
Zip Country	Zip Cour		try	5. Certificate of St	atus Desired	□ \$8.75	Additional	
6. Name and Address of Current	Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STOLTENBERG, KEN			Name Daniel G. Musca					
1101 CHANNELSIDE DR STE 240			Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33602			City Tampa Business & Property Law Source 1A. Tampa FL Zip Code 33626					
		Ì	City	an A a		FL Zio	Code	
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	s registered						
SIGNATURE Obnic 16. Muse Tanuary 24, 2007 Signature, speed or primed name or ingrisor and sherr in sherr in sherr in speed or primed name or ingrisor and sherr in sherr in sherring in the sherr in the sherring in the sherr in the sherring								
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu				\$5.00 May Be Added to Fees		Make check payal orida Department		
10. OFFICERS AND DIRECTORS 1				ADDITIONS/CHANG	ES TO OFFICI			
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			T ADDRESS) ST-ZIP				•	
TITLE VSD	☐ Delete	THILE		<u> </u>		☐ Cha	nge 🔲 Addition	
NAME BOMBEECK, FRANK STREET ADDRESS 1101 CHANNELSIDE DR - STE 240 S			I ADDRESS					
			ST- ZIP					
TIRE D	☐ Detete	TITLE NAME				☐ C¤	inge Addition	
***************************************			T ADDRESS				l.	
CIIY-ST-ZIP TAMPA, FL 33602	· ·	CiTY-	ST-ZIP	-	-			
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CITY-ST-ZIP	····		ST-ZIP					
12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 eath; that I am an officer or director of the corporation or the receiver or trustee employeered 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 air other like empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE AND THE D NAME OF SIGNATURE OF SIGNATURE OF D NAME OF D NA								