


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 # N06000009018			
1. Entity Name GRAND CENTRAL AT KENNEDY RETAIL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1101 CHANNELSIDE DR STE 240 TAMPA, FL 33602		Mailing Address 1101 CHANNELSIDE DR STE 240 TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOLTENBERG, KEN 1101 CHANNELSIDE DR STE 240 TAMPA, FL 33602		Name Daniel G. Musca Street Address (P.O. Box Number is Not Acceptable) 12004 Race Track Road City c/o Tampa Business & Property Law Source, PA Tampa FL 33626	
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 Daniel G. Musca		DATE January 24, 2007	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STOLTENBERG, KEN 1101 CHANNELSIDE DR - STE 240 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BOMBEECK, FRANK 1101 CHANNELSIDE DR - STE 240 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCALF, DON 1101 CHANNELSIDE DR - STE 240 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: F. H. Bamber		Date 1/18/07 Phone # 813-864-4200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	