

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 011 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000010423			
1. Entity Name 1010 CENTRAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1010 CENTRAL AVENUE ST-PETERSBURG, FL 33705		Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762	
2. Principal Place of Business - No P.O. Box # 3001 Executive Dr. Suite, Apt. #, etc. 260		3. Mailing Address Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33762	Country Pinellas	Zip	Country
4. FEI Number 20-8489225		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE CLEARWATER, FL 33762		7. Name and Address of New Registered Agent Name: Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr. Suite 260 City: Clearwater FL Zip Code: 33762	
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: <u>C. J. Gifford, Vice President</u> DATE: <u>4/17/08</u> (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating))			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOBLE, KEN H (II) 1010 CENTRAL AVENUE ST PETERSBURG, FL 33705 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERRY, J JASON 3500 LENOX RD SUITE 800, ONE ALLIANCE CENT ATLANTA, FL 30328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perry, J-Jason 3250 Peachtree Rd STE 600 TERMINUS 100 Atlanta, GA 30305 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WISE, R BRUCE 3500 LENOX RD SUITE 800, ONE ALLIANCE CENT ATLANTA, FL 30328 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUCKABY, John 3250 Peachtree Rd STE 600 TERMINUS 100 Atlanta, GA 30305 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O James Yates 500 Lake Maggiore Blvd S. ST-Petersburg, FL 33705 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>John Huckaby</u> (Signature typed or printed name of signing officer or director)		Date: <u>4/24/08</u> Daytime Phone: <u>404-965-3300</u>	