

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002539

FILED
Apr 28, 2009
Secretary of State

Entity Name: CITY CENTRE KISSIMMEE MASTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8 BROADWAY, SUITE 218
KISSIMMEE, FL 34741

New Principal Place of Business:

117B BROADWAY
KISSIMMEE, FL 34741

Current Mailing Address:

8 BROADWAY, SUITE 218
KISSIMMEE, FL 34741

New Mailing Address:

117B BROADWAY
KISSIMMEE, FL 34741

FEI Number: 26-3415871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, DALE
8 BROADWAY, SUITE 218
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

PARSONS, DALE
117B BROADWAY
KISSIMMEE, FL 34741 US

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.

SIGNATURE: DALE PARSONS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARSONS, CHARLES
Address: 8 BROADWAY, SUITE 218
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: PARSON, DALE
Address: 8 BROADWAY, SUITE 218
City-St-Zip: KISSIMMEE, FL 34741

Title: STD () Delete
Name: KERSCH, THEA
Address: 460 W PALM VALLEY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARSONS, DALE
Address: 117B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD (X) Change () Addition
Name: PARSON, CHARLES
Address: 117B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: STD (X) Change () Addition
Name: PARSONS, RAY
Address: 117B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: TRD () Change (X) Addition
Name: SCHOOLFIELD, KEVIN
Address: 101 PARK PLACE BLVD., SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

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: DALE PARSONS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date