

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005190

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** CITY CENTRE KISSIMMEE BUILDING C CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

101 PARK PLACE BLV  
SUITE 3  
KISSIMMEE, FL 34741

**Current Mailing Address:**

8 BROADWAY, STE. 218  
KISSIMMEE, FL 34741

**New Mailing Address:**

101 PARK PLACE BLV  
SUITE 3  
KISSIMMEE, FL 34741

FEI Number: 26-3110947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARSONS, DALE  
202 BROADWAY  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

SCHOOLFIELD, KEVIN  
101 PARK PLACE BLV  
SUITE 3  
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: KEVIN SCHOOLFIELD

02/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PARSONS, RAY  
Address: 202 BROADWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: DVP ( ) Delete  
Name: PARSONS, DALE  
Address: 8 BROADWAY, STE. 218  
City-St-Zip: KISSIMMEE, FL 34741

Title: DST ( ) Delete  
Name: SCHOOLFIELD, KEVIN  
Address: 101 PARK PLACE, STE. 3  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DVP (X) Change ( ) Addition  
Name: BAKER, KEN  
Address: 101 PARK PLACE BLV, SUITE 3  
City-St-Zip: KISSIMMEE, FL 34741

Title: DST (X) Change ( ) Addition  
Name: PARSONS, RAY  
Address: 202 BROADWAY  
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: KEVIN SCHOOLFIELD

DP

02/18/2009

Electronic Signature of Signing Officer or Director

Date