

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008157

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL MEDICAL PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

101 PARK PLACE BLVD  
SUITE 3  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

101 PARK PLACE BLVD  
SUITE 3  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 26-3388280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, KEN  
101 PARK PLACE BLVD., STE. 3  
KISSIMMEE, FL 34741 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SCHOOLFIELD, KEVIN  
Address: 101 PARK PLACE BLVD., STE. 3  
City-St-Zip: KISSIMMEE, FL 34741

Title: DST  
Name: BAKER, KEN  
Address: 101 PARK PLACE BLVD., STE. 3  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: LINK, MICHAEL H.  
Address: 461 W OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: KEVIN SCHOOLFIELD

DP

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date