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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11882 (0)  
1. Corporation Name  
CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1274 NE BUSINESS PARK PL JENSEN BCH FL 34957 US  
P O BOX 65 JENSEN BCH FL 34958 US

3. Date Incorporated or Qualified  
11/04/1985  
4. FEI Number  
65-0085431  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
~~SPENCER, JR F~~  
1274 NE BUSINESS PARK PL  
JENSEN BCH FL 34957

10. Name and Address of New Registered Agent  
81 Name C. F. SHAWVER  
82 Street Address (P.O. Box Number is Not Acceptable)  
1274 NE Business Park Pl  
83  
84 City Jensen Beach FL 85 Zip Code 34957

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *C.F. Shawver* CF SHAWVER 4/1/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAHAMOVITCH, HARRY	
STREET ADDRESS	6853 W ROGERS CIRCLE #1	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKAY, KEVIN	
STREET ADDRESS	971 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MEDER, JOSEPH	
STREET ADDRESS	963 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<del>MILL, FRED</del>	
STREET ADDRESS	<del>988 CENTRAL PARKWAY</del>	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RITTER, ROBERT	
STREET ADDRESS	937 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOVIS JR, ALFRED W
4.3 STREET ADDRESS	907 Central Parkway
4.4 CITY-ST-ZIP	Stuart FL 34954
5.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Alfred W. Hovis Jr.* ALFRED W HOVIS, JR. 4/1/98 576-994-8900

CR2E037 (10/97)