

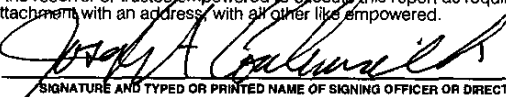


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 047 ****61.25

DOCUMENT # N14762					
1. Entity Name 530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1350 ORANGE AVE. - SUITE #100 WINTER PARK, FL 32789 -		Mailing Address 1350 ORANGE AVE. SUITE #100 WINTER PARK, FL 32789			
2. Principal Place of Business 530 East Central Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando FL		City & State			
Zip 32801	Country USA	Zip	Country	04052004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2675494			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PHILLIPS, ROGER SENTRY MANAGEMENT, INC. - 1350 ORANGE AVE STE. 100 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ATTWOOD-PHILLIPS, INC. City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE : PD <input checked="" type="checkbox"/> Delete	NAME WOOD, PAUL		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Cocchiarella, Joseph	
STREET ADDRESS 530 E CENTRAL BLVD #704	CITY-ST-ZIP ORLANDO, FL 32801		STREET ADDRESS 250 N Orange Ave #1601	CITY-ST-ZIP Orlando FL 32801	
TITLE <input checked="" type="checkbox"/> Delete	NAME REISS, HOWARD		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Meininger, Leigh	
STREET ADDRESS 530 E. CENTRAL BLVD., #801	CITY-ST-ZIP ORLANDO, FL 32801		STREET ADDRESS 530 East Central Blvd Ste 1105	CITY-ST-ZIP Orlando FL 32801	
TITLE <input type="checkbox"/> Delete	NAME SD - PASHEY, CHRIS		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pashley	
STREET ADDRESS 530 E. CENTRAL BLVD. #1002	CITY-ST-ZIP ORLANDO, FL 32801				
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. 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 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: 			Joseph A. Cocchiarella		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		