

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90192 047 ****61.25

DOCUMENT # N14762
 1. Entity Name
 530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 530 E CENTRAL BLVD.
 ORLANDO, FL 32801

Mailing Address
~~1350 ORANGE AVE.
 SUITE 100
 WINTER PARK, FL 32789~~

50001628



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 530 E Central Blvd
 Suite, Apt. #, etc.
 Front Desk
 City & State
 Orlando, FL
 Zip
 32801
 Country
 USA

02132006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
~~ATTWOOD-PHILLIPS, INC.
 1350 ORANGE AVE STE. 100
 WINTER PARK, FL 32789~~

4. FEI Number
 59-2675494

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 First Capital Property Group, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 120 East Colonial Dr.
 City
 Orlando
 FL
 Zip Code
 32801

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 Jodi Sweatland Jodi SWEATLAND LCAM 07-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME COCCHIARELLA, JOSEPH STREET ADDRESS 250 NORTH ORANGE AVE., #401 CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE VP NAME NAME STREET ADDRESS 530 East Central # 11005 CITY-ST-ZIP Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MEININGER, LEIGH STREET ADDRESS 530 E CENTRAL BLVD., STE. 1105 CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE S NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME PASHLEY, CHRIS STREET ADDRESS 530 E. CENTRAL BLVD. #1002 CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE P NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MCLAUGHLIN, TIMOTHY STREET ADDRESS 530 E CENTRAL BLVD. # 203 CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REICH, THOMAS STREET ADDRESS 530 E CENTRAL BLVD # 902 CITY-ST-ZIP ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Christopher C. Pashley Christopher C. Pashley President 2-13-06
Signature and typed or printed name of signing officer or director Date Daytime Phone #