


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90055 009 \*\*\*\*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  
 530 E CENTRAL BLVD  
 FRONT DESK  
 ORLANDO, FL 32801

40018360



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-2675494

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

FIRST CAPITAL PROPERTY GROUP, INC.  
 120 EAST COLONIAL DR  
 ORLANDO, FL 32801

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	COCCHIARELLA, JOSEPH	530 EAST CENTRAL #1605	ORLANDO, FL 32801	<input type="checkbox"/>
S	MEININGER, LEIGH	530 E CENTRAL BLVD., STE. 1105	ORLANDO, FL 32801	<input checked="" type="checkbox"/>
P	PASHLEY, CHRIS	530 E. CENTRAL BLVD. #1002	ORLANDO, FL 32801	<input type="checkbox"/>
T	MCLAUGHLIN, TIMOTHY	530 E CENTRAL BLVD. # 203	ORLANDO, FL 32801	<input checked="" type="checkbox"/>
D	REICH, THOMAS	530 E CENTRAL BLVD # 902	ORLANDO, FL 32801	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	O'Donnell, Sidhan	530 EAST CENTRAL BLVD. STE. 1402	ORLANDO, FLA 32801	<input type="checkbox"/>	<input type="checkbox"/>
P	Pashley, Christopher	530 E. Central Blvd # 1002	Orlando FL 32801	<input type="checkbox"/>	<input type="checkbox"/>
T	Reich, Thomas	530 East Central Blvd. Ste. 902	Orlando, Fla 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Jennings, Dean	530 East Central Blvd. Ste. 805	Orlando, FLA 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 fees empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #