


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90002 017 ****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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02052008 Chg-NP CR2E037 (12/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP COCCHIARELLA, JOSEPH 530 EAST CENTRAL #1605 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'DONNELL, SIOBHAN 530 E. CENTRAL BLVD. STE 1902 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition O'Donnell, Siobhan 530 East Central Unit 1902 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASHLEY, CHRIS 530 E. CENTRAL BLVD. #1002 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chris Pashley 530 East Central Unit 1002 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REICH, THOMAS 530 E. CENTRAL BLVD. STE 9002 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition Thomas Reich 530 East Central Unit 902 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, DEAN 530 E. CENTRAL BLVD. STE 805 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition Dean Jennings 530 East Central Unit 805 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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: _____ **2/5/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #