


**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.

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

02052008 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 \_\_\_\_\_ 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 #