

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14762

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** 530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

530 E CENTRAL BLVD.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

530 E CENTRAL BLVD.  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-2675494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIRST CAPITAL PROPERTY GROUP, INC.  
1516 E. HILLCREST STREET  
SUITE 210  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COCCHIARELLA, JOSEPH  
Address: 530 EAST CENTRAL # 1605  
City-St-Zip: ORLANDO, FL 32801

Title: T  
Name: MEININGER, LEIGH  
Address: 530 E. CENTRAL BLVD. # 1105  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: GAGLIARDI, RACHAEL  
Address: 530 E. CENTRAL BLVD. # 1602  
City-St-Zip: ORLANDO, FL 32801

Title: VP  
Name: REID, ROY  
Address: 530 E. CENTRAL BLVD. # 1801  
City-St-Zip: ORLANDO, FL 32801

Title: S  
Name: JENNINGS, DEAN  
Address: 530 E. CENTRAL BLVD. # 805  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH COCCHIARELLA

P

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date