

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 020 ****61.25

DOCUMENT # N14762

1. Entity Name
530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2180 W. SR 434, STE 5000
LONGWOOD FL 32779**

Mailing Address
**2180 W. SR 434, STE 5000
LONGWOOD FL 32779**

00000701



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1350 Orange Ave

3. Mailing Address
1350 Orange Ave

Suite, Apt. #, etc.
Suite #100

Suite, Apt. #, etc.
Suite #100

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number **59-2675494**

Applied For
 Not Applicable

Zip
32789-4932

Country
USA

Zip
32789-4932

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HART, JAMES W., JR.
SENTRY MANAGEMENT, INC.
2180 WEST STATE RD. 434, STE 5000
LONGWOOD FL 32779~~

Name
Roger V. Phillips, CPM

Street Address (P.O. Box Number is Not Acceptable)
Atwood-Phillips, Inc

1350 Orange Ave Ste 100

City
Winter Park

FL Zip Code
32789-4932

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]*

4/14/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	SD MANN, AL 530 E CENTRAL BLVD., #705 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, PAUL 530 E CENTRAL BLVD #704 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REISS, HOWARD 530 E. CENTRAL BLVD., #801 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRIS PASHEY 530 E. CENTRAL BLVD. # 1002 ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **PAUL WOOD 03/17/03 407-649-4817**

CR2E037 (10/02)