


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90020 002 ****61.25

DOCUMENT # N22275 1. Entity Name CENTRAL PARK LOT OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3950 RCA BLVD #5000 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3950 RCA BLVD #5000 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0150068	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARY, JOHN W III 701 US HWY ONE STE 402 NORTH PALM BEACH, FL 33408				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 _____ (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. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANER, MARVIN		NAME		
STREET ADDRESS	1715 E TIFFANY DR		STREET ADDRESS		
CITY-ST-ZIP	MAGNOLIA PARK, FL 33407		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBURY, SHERRY		NAME		
STREET ADDRESS	1755 E TIFFANY DR		STREET ADDRESS		
CITY-ST-ZIP	MAGNOLIA PARK, FL 33407		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, JANIS		NAME		
STREET ADDRESS	3950 RIA BLVD., SUITE 5000		STREET ADDRESS	3950 RCA BLVD STE 5000	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARIKIN, TUSHAR		NAME		
STREET ADDRESS	5918 OKEE HOBEE BLVD		STREET ADDRESS	5918 OKEE HOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Janis M. Norman</u> Janis Norman 4/13/07 561-627-7551					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40114333



04132007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable