

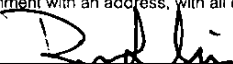


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22275 1. Entity Name CENTRAL PARK LOT OWNERS' ASSOCIATION, INC.						FILED 08 JAN -7 AM 11: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 340 ROYAL POINCIANA WAY STE 326 PALM BEACH, FL 33480 US				Mailing Address P.O. BOX 11 PALM BEACH, FL 33480			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-0150068				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POINCIANA MANAGEMENT, INC. 340 ROYAL POINCIANA WAY STE 326 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TANER, MARVIN 1715 E TIFFANY DR MAGNOLIA PARK, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANCK, MARVIN 1715 E TIFFANY DR MAGNOLIA PARK, FL 33407	<input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, SHERRY 1755 E TIFFANY DR MAGNOLIA PARK, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEFFINGWELL, LEE 1755 E TIFFANY DR MAGNOLIA PARK, FL 33407	<input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, JANIS 3590 RCA BLVD. STE 5000 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HIBBET, KAREN 1412 LAKE BASS DRIVE LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARIKIN, TUSHAR 5918 OKEECHOBEE BLVD WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES IRWIN, DONNA 340 ROYAL POINCIANA WAY, SUITE 326 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Addition		
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"/> 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: 				11/6/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				561-832-8502			