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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45903 (4)
1. Corporation Name
CENTRAL PARK VILLAGE RESIDENT MANAGEMENT CORPORATION



Principal Place of Business 1318 GOVERNOR ST. TAMPA FL 33602	Mailing Address 1000 INDIA STREET TAMPA FL 33602
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3. Date Incorporated or Qualified 11/06/1991	
4. FEI Number 59-3095449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1067 India St.	2a. Mailing Address 26 1000 India St.
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tpa, FL
Zip 24 33602	Country 25 Hills
Country 29 33602	Country 30 Hills

9. Name and Address of Current Registered Agent
**PANEPINTO, GABRIEL
3901 APPLETREE DR
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PALMORE, SHELIA R	
STREET ADDRESS	1603 EAST IDELL ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ANNIE B	
STREET ADDRESS	1023 HARRISON STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARTON, JOSEPHINE	
STREET ADDRESS	1122 NEBRASKA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SMITH, FOSTER	
STREET ADDRESS	1410 ARMWOOD COURT APT B	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WALKER, WENDY	
STREET ADDRESS	1605 EAST IDELL ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	A	<input type="checkbox"/> DELETE
NAME	REED, ESSIE M	
STREET ADDRESS	1413 ARMWOOD COURT APT	
CITY-ST-ZIP	TAMPA FL 33602	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	a
6.3 STREET ADDRESS	Essie Mae Reed
6.4 CITY-ST-ZIP	1011 Kay Street Tampa, FL 33602

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Shelia R. Palmore** President 3-16-98-1813)253-0557 Ex. 298

CR2007 (10/97)