

FILE NOW: FILING FEE IS \$61.25

FILED

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 |
|--|---|---|

DOCUMENT # **N45903** (4)
1. Corporation Name
CENTRAL PARK VILLAGE RESIDENT MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
**1318 GOVERNOR ST.
TAMPA FL 33602** **1000 INDIA STREET
TAMPA FL 33602**

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

| | | |
|---|---|--|
| 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 | | |

| | |
|---|---|
| 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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMORE, SHELIA R | 1.2 NAME | |
| STREET ADDRESS | 1603 EAST IDELL ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33604 | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, ANNIE B | 2.2 NAME | |
| STREET ADDRESS | 1023 HARRISON STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33602 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTON, JOSEPHINE | 3.2 NAME | |
| STREET ADDRESS | 1122 NEBRASKA STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33602 | 3.4 CITY-ST-ZIP | |
| TITLE | C | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, FOSTER | 4.2 NAME | |
| STREET ADDRESS | 1410 ARMWOOD COURT APT B | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33602 | 4.4 CITY-ST-ZIP | |
| TITLE | DT | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, WENDY | 5.2 NAME | |
| STREET ADDRESS | 1605 EAST IDELL ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33604 | 5.4 CITY-ST-ZIP | |
| TITLE | A | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED, ESSIE M | 6.2 NAME | |
| STREET ADDRESS | 1413 ARMWOOD COURT APT | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33602 | 6.4 CITY-ST-ZIP | |

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)253-0551 Ex. 298

CR2E037 (10/97)