

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 PM 2:12

DOCUMENT # N95000003105 (2)

1. Corporation Name

CENTRAL PARK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

| | | | |
|--------------------------------|----------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 9309 SOUTH ORANGE TRAIL | 26 9309 SOUTH ORANGE TRAIL | 06/27/95 | N/A |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| City & State | City & State | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 ORLANDO, FL | 28 ORLANDO, FL | Trust Fund Contribution | <input type="checkbox"/> |
| Zip | Country | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24 32837-8339 | 25 U.S.A. | 29 32837-8339 | 30 U.S.A. |

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI, FL 33131

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DIRECTOR <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARC LEVIN | 1.2 NAME | 100001946311 |
| STREET ADDRESS | 9309 SOUTH ORANGE TRAIL | 1.3 STREET ADDRESS | -09/13/96 --01001--004 |
| CITY-ST-ZIP | ORLANDO, FL 32837-8339 | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | DIRECTOR <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAYMOND R. BRANDSTROM | 2.2 NAME | |
| STREET ADDRESS | 9309 SOUTH ORANGE TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32837-8339 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | JILL ANDREW |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 9309 SOUTH ORANGE TRAIL |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | ORLANDO, FL 32837-8339 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

RAYMOND R. BRANDSTROM

8/26/96

(206) 298-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)