


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-24-2007 90002 021 \*\*\*150.00

**DOCUMENT # N96000004766**

1. Entity Name  
**CENTRAL OAKS CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 5328 CENTRAL AVE ST. PETERSBURG, FL 33707	Mailing Address 5328 CENTRAL AVE ST. PETERSBURG, FL 33707
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**DO NOT WRITE IN THIS SPACE**

40118231



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-7078930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEVERITT, KAREN B  
 5328 CENTRAL AVE  
 SAINT PETERSBURG, FL 33707

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVERITT, KAREN B 5328 CENTRAL AVENUE SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVERITT, G. RICHARD 5328 CENTRAL AVE ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALZMAN, BARRY 5328 CENTRAL AVENUE SAINT PETERSBURG, FL 33707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Karen B. Leveritt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 727-323-8444  
Date Daytime Phone #