


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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 reinstating)

Filing Fee Is \$61.25 Due by May 1, 2008

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

U00000896648
 04/25/08-90016-009 61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 the attachment with an address, with all other fees empowered.

SIGNATURE: Karen B Leveritt _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR