## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000418

Entity Name: CITY CENTRE OWNER'S ASSOCIATION, INC.

FILED Sep 14, 2005 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

600 LAKE MILLS RD 10 WINDSORMERE WAY CHULUOTA, FL 32766

SUITE 200

OVIEDO, FL 32765

**Current Mailing Address:** New Mailing Address:

POST OFFICE BOX 623275 600 LAKE MILLS RD CHULUOTA, FL 32766 OVIEDO, FL 32762

FEI Number: 59-3316347 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AXEL, DAVID E WALKER, TODD D 600 LAKE MILLS RD 10 WINDSORMERE WAY CHULUOTA, FL 32766 US OVIEDO, FL 32765

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.

SIGNATURE: TODD D. WALKER 09/14/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

AXEL, DAVID WALKER, TODD D Name: Name: 600 LAKE MILLS RD Address: 10 WINDSORMERE WAY, SUITE 200 Address:

City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: OVIEDO, FL 32765 US

Title: Title: (X) Change ( ) Addition ( ) Delete

Name: TULP, LOUIS P Name: WARE, DOUGLAS Address: P.O. BOX 621024 Address: 405 ALEXANDRIA BLVD., SUITE 110

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 US

Title: () Delete Title: (X) Change ( ) Addition WAGNER, ROBERT A Name: LEE, RAYMOND Name:

2400 PANDORA LANE 3388 PARK GROVE CT. Address: Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: OVIEDO, FL 32779 US

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: ENGLAND, THOMAS R Name: ZIMMER, ROBERT H 1711 LAKE MILLS ROAD 10 WINDSORMERE WAY, SUITE 200 Address: Address:

City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD D. WALKER D 09/14/2005