

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

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000418

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



Principal Place of Business
10 WINDSORMERE WAY
SUITE 200
OVIEDO, FL 32765

Mailing Address
POST OFFICE BOX 623275
OVIEDO, FL 32762



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3316347

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, TODD D
10 WINDSORMERE WAY
OVIEDO, FL 32765

**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

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

(NOTE: Registered Agent signature required when reinstating)

U00000578872
01/09/07 00047 003 61.25

**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
D
WALKER, TODD D
10 WINDSORMERE WAY, SUITE 200
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARE, DOUGLAS
405 ALEXANDRIA BLVD., SUITE 110
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, RAYMOND
3388 PARK GROVE CT.
OVIEDO, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZIMMER, ROBERT H
10 WINDSORMERE WAY, SUITE 200
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Todd D Walker Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07
Date

407-977-1667
Daytime Phone #