2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000418

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

FILED
Jul 07, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10 WINDSORMERE WAY SUITE 200 OVIEDO, FL 32765	POST OFFICE BOX 623275 OVIEDO, FL 32762

07032008 No Chg-NP CR2E037 (4/06)

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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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, TODD D
STREET ADDRESS	10 WINDSORMERE WAY, SUITE 200
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	WARE, DOUGLAS
STREET ADDRESS	405 ALEXANDRIA BLVD., SUITE 110
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LEE, RAYMOND
STREET ADDRESS	3388 PARK GROVE CT.
CITY-ST-ZIP	OVIEDO, FL 32779
TITLE	D
NAME	ZIMMER, ROBERT H
STREET ADDRESS	10 WINDSORMERE WAY, SUITE 200
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/08-80002-008 61.25

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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 an attachment with an address, with all other like empowered.

SIGNATURE: Todd D. Walker 7/3/08 407-977-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #