

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000418

FILED
Jan 05, 2009
Secretary of State

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

Current Principal Place of Business:

10 WINDSORMERE WAY
SUITE 200
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 623275
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-3316347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, TODD D
10 WINDSORMERE WAY
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, TODD D
Address: 10 WINDSORMERE WAY, SUITE 200
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: WARE, DOUGLAS
Address: 405 ALEXANDRIA BLVD., SUITE 110
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: LEE, RAYMOND
Address: 3388 PARK GROVE CT.
City-St-Zip: OVIEDO, FL 32779 US

Title: D () Delete
Name: ZIMMER, ROBERT H
Address: 10 WINDSORMERE WAY, SUITE 200
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/05/2009

Electronic Signature of Signing Officer or Director

Date