

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90254 001 \*\*\*\*30.63  
05-01-2008 90254 002 \*\*\*\*30.62

**DOCUMENT # N99000000659**

1. Entity Name  
**CENTRAL PARK CONDOMINIUM ASSOCIATION OF  
WINTER HAVEN, INC.**



Principal Place of Business  
**60 4TH STREET, N.W.  
WINTER HAVEN, FL 33881**

Mailing Address  
**60 4TH STREET, N.W.  
WINTER HAVEN, FL 33881**

**66008902**



03112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0295778** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOLLING, CARL  
60 4TH STREET, N.W.  
WINTER HAVEN, FL 33881**

**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)

DATE \_\_\_\_\_

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

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  
**PTD  
KOLLING, CARL  
60 4TH STREET, N.W.  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
NIKDEL, CHRISTINE E  
62 4TH ST. NW  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KOLLING, MARY H  
60 4TH STREET, N.W.  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NIKDEL, SEIFOLLAH  
62 4TH ST., N.W.  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: CARL KOLLING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-08 863-299-1099**

Date

Daytime Phone #