

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90226 011 \*\*\*\*61.25

**DOCUMENT # N99000007676**

1. Entity Name  
**THE FINANCIAL PLANNING ASSOCIATION OF CENTRAL  
FLORIDA, INC.**



Principal Place of Business  
**601 S. LAKE DESTINY RD.  
SUITE 165  
MAITLAND, FL 32751**

Mailing Address  
**PO BOX 520310  
LONGWOOD, FL 32750**

40081966



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3629672**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PRESLEY, SYLVIA  
250 S RONALD REAGAN BLVD STE 100  
LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **FITZGERALD, CHARLES III**  
STREET ADDRESS **601 S. LAKE DESTINY RD., SUITE 165**  
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☒ Delete  
NAME **AUSLANDER, KELLY**  
STREET ADDRESS **3361 ROUSE ROAD, SUITE 135**  
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **D** ☐ Delete  
NAME **PRESLEY, SYLVIA**  
STREET ADDRESS **250 CR 427 SO., STE 100**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D** ☐ Delete  
NAME **ROSETTI, ANTHONY**  
STREET ADDRESS **1411 TROVILLION AVE**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete  
NAME **CARBONARO, CARY**  
STREET ADDRESS **614 E HWY 50 STE 112**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
NAME **Paul Auslander**  
STREET ADDRESS **3361 Rouse Rd., Ste. 135**  
CITY-ST-ZIP **Orlando, FL 32817**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Leslie J. Kelly**  
STREET ADDRESS **3361 Rouse Rd., Ste. 135**  
CITY-ST-ZIP **Orlando, FL 32817**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Christopher H. Toadvine**  
STREET ADDRESS **1900 Summit Tower Blvd, Ste. 170**  
CITY-ST-ZIP **Orlando, FL 32810**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Sylvia C. Presley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sylvia C. Presley**

**4/28/2006**

**(407) 331-7665**

Date

Daytime Phone #