

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000055729 (6)**

1. Corporation Name

CENTRAL PARK LODGE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**10065 RED RUN BLVD
OWINGS MILLS MD 21117
US**

**10065 RED RUN BLVD
OWINGS MILLS MD 21117-4627
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

03/06/1996

4. FEI Number

52-1936353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYS
1200 SO PINE ISL RD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **FULCHINO, MARK**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-STATE-ZIP **OWINGS MILLS MD**

TITLE **PO** ☐ DELETE

NAME **CIRKA, LAWRENCE P**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-STATE-ZIP **OWINGS MILLS MD**

TITLE **V** ☒ DELETE

NAME **CAHILL, DENNIS A**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-STATE-ZIP **OWINGS MILLS MD**

TITLE **V** ☐ DELETE

NAME **LEVIN, MARC B**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-STATE-ZIP **OWINGS MILLS MD 21117**

TITLE **SD** ☐ DELETE

NAME **ELKINS, MARSHALL A**
STREET ADDRESS **10065 RED RUN BLVD**
CITY-STATE-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

400002093544
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*****3300.00**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Bennett, Bradley
same as above

VB 220

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Mark Fulchino** **mark Fulchino**

1/17/97

(410) 998-8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)