

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 769746

Entity Name: PARK CENTRAL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

COMMUNITY MANAGEMENT ASSOCIATES, INC.
3806 EXCHANGE AVENUE
NAPLES, FL 34104

Current Mailing Address:

COMMUNITY MANAGEMENT ASSOCIATES INC.
1465 NORTHSIDE DR. N.W. 128
ATLANTA, GA 30318 US

FEI Number: 59-2378666

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT ASSOCIATES INC.
COMMUNITY MANAGEMENT ASSOCIATES, INC.
3806 EXCHANGE AVENUE
NAPLES, FL 34104 US

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: JAMES H. DEVLIN

04/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name GUFFEY, JONATHAN
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title VP
Name AJEMIAN, SUSAN
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title TREASURER, SECRETARY
Name MATOS, JANICE D
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name CAMBAS-RIGGS, MARGARITA
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name CASTRO, LAURA
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name FRENCH, JACKIE
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR
Name TENENBAUM, JASON
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

Title AGENT
Name DEVLIN, JAMES H.
Address COMMUNITY MANAGEMENT ASSOCIATES INC.
 1465 NORTHSIDE DR. N.W. 128
City-State-Zip: ATLANTA GA 30318

I hereby 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 all other like empowered.

SIGNATURE: JAMES H. DEVLIN

AGENT

04/10/2023

