

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003018

**Entity Name:** CENTRAL PARKWAY BUSINESS CENTER, CONDOMINIUM, INC.

**FILED**  
**Mar 13, 2013**  
**Secretary of State**  
**CC8681313108**

**Current Principal Place of Business:**

629 SE CENTRAL PARKWAY  
STUART, FL 34994

**Current Mailing Address:**

3766 SE OCEAN BLVD.  
STUART, FL 34996

**FEI Number: 01-0653954**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANDREWS, CHARLES S  
3766 SE OCEAN BLVD.  
STUART, FL 34996 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title M  
Name FIORELLA, NICK  
Address 513/517 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

Title T  
Name TETTAMANTI, ANNAMARIE  
Address 625 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

Title VP  
Name COONEY, JOHN  
Address 577 SE CENTRAL PKWY  
City-State-Zip: STUART FL 34994

Title S  
Name MCMAHON, TOM  
Address 581 SE CENTRAL PARKWAY  
City-State-Zip: STUART FL 34994

Title P  
Name HILL, DAVID  
Address 585 SE CENTRAL PKWY  
City-State-Zip: STUART FL 34994

*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: DAVID HILL**

**P**

**03/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date