

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14762

**Entity Name:** 530 EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

530 E CENTRAL BLVD.  
ORLANDO, FL 32801

**Current Mailing Address:**

530 E CENTRAL BLVD.  
ORLANDO, FL 32801

**FEI Number: 59-2675494**

**Certificate of Status Desired: No**

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

FIRST CAPITAL PROPERTY GROUP, INC.  
1516 E. HILLCREST STREET  
SUITE 210  
ORLANDO, FL 32803 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 P  
Name COCCHIARELLA, JOSEPH  
Address 530 EAST CENTRAL # 1605  
City-State-Zip: ORLANDO FL 32801

Title T  
Name MEININGER, LEIGH  
Address 530 E. CENTRAL BLVD. # 1105  
City-State-Zip: ORLANDO FL 32801

Title S  
Name GAGLIARDI, RACHAEL  
Address 530 E. CENTRAL BLVD. # 1602  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name REID, ROY  
Address 530 E. CENTRAL BLVD. # 1801  
City-State-Zip: ORLANDO FL 32801

Title D  
Name KENNEDY, PAUL  
Address 530 E. CENTRAL BLVD. # 1103  
City-State-Zip: ORLANDO FL 32801

*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: JOSEPH COCCHIARELLA**

**PRESIDENT**

**03/26/2014**

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

\_\_\_\_\_  
Date