


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000001673**  
 1. Entity Name  
 SOUTH APOPKA PROPERTIES, INC.



Principal Place of Business: 1033 N PINE HILLS RD STE 300 ORLANDO, FL 32808  
 Mailing Address: 1033 N PINE HILLS RD STE 300 ORLANDO, FL 32808

**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-NP CR2E037 (4/06)  
 4. FEI Number: 74-3115573 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TURNER, KATHLEEN  
 1033 N PINE HILLS RD STE 300  
 ORLANDO, FL 32808

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000752888  
 05/21/07-80035-007 61.25

**10. OFFICERS AND DIRECTORS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | DP                          |
| NAME           | JONES, ERIC                 |
| STREET ADDRESS | 1720 JONES RD               |
| CITY-ST-ZIP    | MELBOURNE, FL 32934         |
| TITLE          | DT                          |
| NAME           | MCGARRY, NEAL               |
| STREET ADDRESS | CBAPF 1715 N GADSDEN ST     |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301       |
| TITLE          | DS                          |
| NAME           | OLK, TOM                    |
| STREET ADDRESS | 3333 W PENSACOLA ST STE 300 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32304       |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

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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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #