
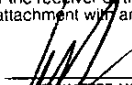


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 017 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3115573	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURNER, KATHLEEN 1033 N PINE HILLS RD STE 300 ORLANDO, FL 32808			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ERIC		NAME	Neal McGarry	
STREET ADDRESS	1720 JONES RD		STREET ADDRESS	1715 N. Gadsden St.	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGARRY, NEAL		NAME	Randy Houser	
STREET ADDRESS	CBAPF 1715 N GADSDEN ST		STREET ADDRESS	3414 Galilee Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLK, TOM		NAME		
STREET ADDRESS	3333 W PENSACOLA ST STE 300		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Eric Jones	
STREET ADDRESS			STREET ADDRESS	6225 North US1	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Fred James Hatfield Jr.	
STREET ADDRESS			STREET ADDRESS	7788 Maclean Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DIRECTOR Eric Jones		2-8-2008 321-632-8681	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	