

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001673

FILED
Mar 26, 2009
Secretary of State

Entity Name: SOUTH APOPKA PROPERTIES, INC.

Current Principal Place of Business:

1033 N PINE HILLS RD STE 300
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1033 N PINE HILLS RD STE 300
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 74-3115573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, KATHLEEN
1033 N PINE HILLS RD STE 300
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MGARRY, NEAL
Address: 1715 N. GADSDEN ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT () Delete
Name: HOUSER, RANDI
Address: 3414 GALILEE RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: OLK, TOM
Address: 3333 W PENSACOLA ST STE 300
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: JONES, ERIC
Address: 6255 NORTH U-S1
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: HATFIELD, FRED J
Address: 788 MACLEAN RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN TURNER

MRS

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date