
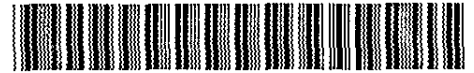


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001140 <small>1. Entity Name</small> SOUTH PARK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.		
<small>Principal Place of Business</small> 532 J ECAN CIRCLE SUITE 160 OVIEDO FL 32765	<small>Mailing Address</small> 532 J ECAN CIRCLE SUITE 160 OVIEDO FL 32765	
<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt #, etc.</small>	<small>Suite, Apt #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent OWEN, ROGER E 532 S. ECON CIR. 160 OVIEDO FL 32765	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWEN, ROGER E 1024 NANCY CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			U000000034805 02/05/04-80099-011 61.25
	SD TURK, MELONI E 2115 LAKESIDE DR ORLANDO FL 32803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD OWEN, PATRICIA M 1024 NANCY CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roger E. Owen* **ROGER E. OWEN Pres** 2-2-04 407-971-6300