

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90005 036 \*\*\*\*61.25

**DOCUMENT # N98000001140**  
 1. Entity Name  
**SOUTH PARK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**532 J ECAN CIRCLE**  
**SUITE 160**  
**OVIEDO, FL 32765**

Mailing Address  
**532 J ECAN CIRCLE**  
**SUITE 160**  
**OVIEDO, FL 32765**

**50002465**

2. Principal Place of Business  
**532 S. Econ Circle**

Suite, Apt. #, etc.  
**Suite 160**

3. Mailing Address  
**532 S. Econ Circle**

Suite, Apt. #, etc.  
**Suite 160**



01072005 Chg-NP CR2E037 (10/03)

City & State  
**Oviedo, FL. 32765**

Zip  
**32765**

City & State  
**Oviedo, Fl. 32765**

Zip  
**32765**

4. FEI Number  
**59-3498624**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **PD**  Delete  
 NAME **OWEN, ROGER E**  
 STREET ADDRESS **1024 NANCY CIRCLE**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE  Change  Addition  
 NAME **Roger E. Owen**  
 STREET ADDRESS **532 S. Econ Circle, suite 160**  
 CITY-ST-ZIP **Oviedo, Fl. 32765**

TITLE **SD**  Delete  
 NAME **TURK, MELONI E**  
 STREET ADDRESS **2115 LAKESIDE DR**  
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **OWEN, PATRICIA M**  
 STREET ADDRESS **1024 NANCY CIRCLE**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE  Change  Addition  
 NAME **Patricia M. Owen**  
 STREET ADDRESS **263 Minorca Beach Way E-802**  
 CITY-ST-ZIP **New Smyrna Beach, Fl. 32169**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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** **1-11-05** **407-971-6300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #