


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 532 S ECON CIRCLE SUITE 160 OVIEDO, FL 32765	Mailing Address 532 S ECON CIRCLE SUITE 160 OVIEDO, FL 32765
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**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3498624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

OWEN, ROGER E  
 532 S. ECON CIR.  
 160  
 OVIEDO, FL 32765

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, ROGER E 632 S ECON CIRCLE, STE 160 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURK, MELONI E 2116 LAKESIDE DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWEN, PATRICIA M 263 MINORCA BEACH WAY E-802 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000505158  
 04/26/06-80106-012 61.25

**DO NOT WRITE IN THIS SPACE**

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: Roger E Owen 4-10-06 407-971-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #