

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15850** (3)

1. Corporation Name

**SOUTHSIDE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4540 SOUTHSIDE BLVD  
SUITE 202  
JACKSONVILLE FL 32216**

**4540 SOUTHSIDE BLVD  
SUITE 202  
JACKSONVILLE FL 32216-5486**

3. Date Incorporated or Qualified  
**07/14/1986**

3a. Date of Last Report  
**07/31/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number  
**59-2705899**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURST, CHRISTOPHER J.  
4540 SOUTHSIDE BLVD. #902-A  
JACKSONVILLE FL 32216**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **WHITE, W. HOWARD**  
STREET ADDRESS **8228 HUNTERS GROVE RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPST** ☐ DELETE  
NAME **WHITE, JANICE L**  
STREET ADDRESS **4540 SOUTHSIDE BLVD. #202**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HURST, CHRISTOPHER J**  
STREET ADDRESS **4540 SOUTHSIDE BLVD., #902 A**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **WHITE, W. HOWARD**  
STREET ADDRESS **4540 SOUTHSIDE BLVD. #202**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **SIGNATURE REQUIRED**  
James L. White, RUNNING OFFICER OR DIRECTOR

4/30/97 904-642-1344  
Date Daytime Phone #0005596

CR2E037 (9/96)