

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15850

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** SOUTHSIDE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4540 SOUTHSIDE BLVD  
SUITE 601  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4540 SOUTHSIDE BLVD  
SUITE 601  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-2705899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEWELL, FLOYD  
4540 SOUTHSIDE BLVD  
SUITE 302  
JACKSONVILLE, FL 32216 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: ST  
Name: WARNER, GRAHAM W  
Address: 4540 SOUTHSIDE BLVD, # 601  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P  
Name: SEWELL, FLOYD  
Address: 4540 SOUTHSIDE BLVD STE 1102  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V  
Name: BERG, REBECCA  
Address: 4540 SOUTHSIDE BLVD STE 302  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: GRAHAM W. WARNER

ST

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date