

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000012826

**Entity Name:** SPRINGVIEW COMMERCE PARK CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC7866407107****Current Principal Place of Business:**210 SPRINGVIEW COMMERCE DR.  
SUITE 120  
DEBARY, FL 32713**Current Mailing Address:**210 SPRINGVIEW COMMERCE DR.  
SUITE 120  
DEBARY, FL 32713**FEI Number: 20-4299834****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHOCKLEY, TERRY KMR.  
210 SPRINGVIEW COMMERCE DRIVE  
UNIT 120  
DEBARY, FL 32713 US*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

**Officer/Director Detail :**

Title	PRES
Name	SHOCKLEY, TERRY KMR.
Address	210 SPRINGVIEW COMMERCE DR. UNIT #120
City-State-Zip:	DEBARY, FL 32713

Title	TRES
Name	SANDRA K. SHOCKLEY
Address	210 SPRINGVIEW COMMERCE DRIVE UNIT #120
City-State-Zip:	DEBARY FL 32713

Title	DIR
Name	ARDEN KELLEY
Address	210 SPRINGVIEW COMMERCE DR. UNIT #130
City-State-Zip:	DEBARY FL 32713

Title	VP
Name	CARRIER, DAVID
Address	210 SPRINGVIEW COMMERCE DR. UNIT #150
City-State-Zip:	DEBARY FL 32713

Title	DIRECTOR
Name	HUNT, SHANE A
Address	220 SPRINGVIEW COMMERCE DR. UNIT #190
City-State-Zip:	DEBARY FL 32713

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: TERRY K SHOCKLEY****PRESIDENT****04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date