

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15850

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

**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**9758812082CC**

**Current Principal Place of Business:**

4540 SOUTHSIDE BLVD  
SUITE 601  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4540 SOUTHSIDE BLVD  
SUITE 601  
JACKSONVILLE, FL 32216

**FEI Number: 59-2705899**

**Certificate of Status Desired: No**

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

HUGHES, HEATHER  
4540 SOUTHSIDE BLVD  
STE 601  
JACKSONVILLE, FL 32216 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: HEATHER HUGHES**

**04/04/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GONZALEZ, MARIO  
Address 4540 SOUTHSIDE BLVD STE 702  
City-State-Zip: JACKSONVILLE FL 32216

Title V  
Name WOLFE, EDWIN  
Address 4540 SOUTHSIDE BLVD STE 802  
City-State-Zip: JACKSONVILLE FL 32216

Title S  
Name HUGHES, HEATHER  
Address 4540 SOUTHSIDE BLVD STE 601  
City-State-Zip: JACKSONVILLE FL 32216

Title T  
Name HUGHES, HEATHER  
Address 4540 SOUTHSIDE BLVD STE 601  
City-State-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: HEATHER HUGHES**

**TREASURER**

**04/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date