

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760867

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE OFFICE COMPLEX OF SOUTH PASADENA, INC.

Current Principal Place of Business:

933 OLEANDER WAY SO.
SUITE 2
SO. PASADENA, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

C/O CONDO MGT PLUS, INC
P.O. BOX 86507
MADEIRA BEACH, FL 337386507

New Mailing Address:

FEI Number: 59-2137135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRELL, BARBARA
933 OLEANDER WAY SOUTH
SUITE 2
SOUTH PASADENA, FL 33707 US

Name and Address of New Registered Agent:

ADAMS, JOYCE
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 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: JOYCE ADAMS

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERRELL, BARBARA
Address: 933 OLEANDER WAY SOUTH #2
City-St-Zip: SOUTH PASADENA, FL 33707

Title: SD () Delete
Name: THEE, JOHN H
Address: 933 OLEANDER WAY SOUTH #1
City-St-Zip: SOUTH PASADENA, FL 33707

Title: TD () Delete
Name: DANIEL, SILAS E
Address: 933 OLEANDER WAY SOUTH #6
City-St-Zip: SOUTH PASADENA, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE ADAMS

LCAM

04/24/2009

Electronic Signature of Signing Officer or Director

Date