

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 19, 2000 8:00 am
Secretary of State

04-27-2000 90128 023 *****70.00

DOCUMENT #

1. Entity Name

765753
SOUTHPARK CONDO OWNERS' ASSOC., INC.
816 SOUTH ST. #2
KEY WEST, FL. 33040 (305) 296-6233

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Elnora F. Jones
816 South St. Apt. 2
Key West, FL 33040-1765

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Tony Keriotis	
STREET ADDRESS	808 South St. #2	
CITY-ST-ZIP	Key West, FLA 33040	
TITLE	Vice-President	<input checked="" type="checkbox"/> Delete
NAME	David McIntyre	
STREET ADDRESS	808 South St. #3	
CITY-ST-ZIP	Key West, FLA 33040	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Jean Reed	
STREET ADDRESS	812 South St. #2	
CITY-ST-ZIP	Key West, FLA	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Elnora F. Jones	
STREET ADDRESS	816 South St. #2	
CITY-ST-ZIP	Key West, Florida 33040	
TITLE	Director-at-Large	<input type="checkbox"/> Delete
NAME	Charles Doyle	
STREET ADDRESS	808 South St. #4	
CITY-ST-ZIP	Key West, FLA 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Cox	
STREET ADDRESS	804 South St. #1	
CITY-ST-ZIP	Key West, FLA 33040	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory Tepe	
STREET ADDRESS	816 South St. #3	
CITY-ST-ZIP	Key West, FLA 33040	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jan Scapard	
STREET ADDRESS	804 South St. #3	
CITY-ST-ZIP	Key West, FLA 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elnora F. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

305-296-6233

Daytime Phone #

CR2E037 (9/99)