

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

54022866



MOORE CR2E037 (11/03)

DOCUMENT # 765753

1. Entity Name

SOUTHPARK CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

816 SOUTH STREET  
# 2  
KEY WEST FL 33040  
US

Mailing Address

P.O. BOX 6503  
KEY WEST FL 33041  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARRIS, NANCY A  
816 SOUTH STREET  
#3  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

TEPE, GREG

816 SOUTH STREET #4

KEY WEST FL 33046

Change to Treasurer

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD

HARRIS, NANCY

816 SOUTH ST. #3

KEY WEST FL 33040

Change to Treasurer

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

STANLEY, KAREN

804 SOUTH ST #4

KEY WEST FL 33040

Change to Treasurer

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

STANLEY, LEONARD

804 SOUTH ST #4

KEY WEST FL 33040

Change to Treasurer

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MAL

REINKING, ANDREW

812 SOUTH ST #3

KEY WEST FL 33040

Change to Treasurer

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change to Treasurer

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President - SAME

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice-Pres

Thomas Creighton

1215 Royal ST

Key West, FL 33040

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary

Sally Valenzuela

812 South St #2

Key West, FL 33040

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer

Nancy Harris

816 South St #3

Key West, FL 33040

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MAL - SAME

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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: NANCY A. HARRIS

3-23-04 (305)294-1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary of State

03-26-2004 90015 015 \*\*\*\*61.25

54022866

MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required