2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #765753** 04-18-2005 90547 005 ****61.25 SOUTHPARK CONDOMINIUM OWNERS ASSOCIATION. Principal Place of Business Mailing Address **816 SOUTH STREET** P.O. BOX 6503 20000224 KEY WEST, FL 33041 HS KEY WEST, FL 33040 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Cha-NP - CR2E037 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, NANCY A 816 SOUTH STREET KEY WEST, FL 33040 1 West 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 Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President Addition TITLE ☐ Delete TITLE TEPE, GREG NAME Cheighton NAME STREET ADDRESS 816 SOUTH STREET #4 STREET ADDRESS KEY WEST, FL 33046 CITY-ST-7IP CITY-ST-7IP TITLE [] Change ☐ Addition TITLE Delete HARRIS, NANCY NAME 816 SOUTH ST. #3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP VD- -- - -☐ Change — ☐ Addition TITLE ☐ Delete TITLE CREIGHTON, THOMAS NAME NAME STREET ADDRESS 1215 ROYAL ST. STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE VALENZUELA, SALLY NAME NAME SOUTH STREET ADDRESS 812 SOUTH ST. #2 STREET ADDRESS 33*0*40 CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE HARRIS, NANCY NAME NAME STREET ADDRESS 816 SOUTH ST. #3 STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachmer th an address, with all other like empowered SIGNATURE:

FILED

Apr 18, 2005 8:00 am