

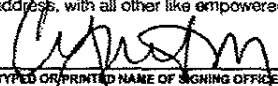


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # 765753 1. Entity Name SOUTHPARK CONDOMINIUM OWNERS ASSOCIATION, INC.		
Principal Place of Business 812 SOUTH STREET # 4 KEY WEST, FL 33040 US		Mailing Address P.O. BOX 6503 KEY WEST, FL 33041 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SUTTON, CYNTHIA 808 SOUTH STREET #4 KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE
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 <u></u> DATE <u>1/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000584393 01/12/07-80038-006 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREIGHTON, TOM 812 SOUTH ST, #4 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENZUELA, STACE 812 SOUTH ST, #2 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTTON, CYNTHIA 808 SOUTH ST, #4 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIBLEY, JACK 804 SOUTH ST #3 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u></u> <u>1/10/07</u> <u>3053046938</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		