

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90138 031 ****61.25

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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

**816 SOUTH STREET
2
KEY WEST FL 33040
US**

change
↓

2. Principal Place of Business

(SAME)

3. Mailing Address

PO BOX 6503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FL

Zip

Country

Zip

Country

33041

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JONES, ELNORA
816 SOUTH STREET
#2
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Nancy A. HARRIS**
Street Address (P.O. Box Number is Not Acceptable)
816 South St
#3
City **KEY WEST** **FL** Zip Code **33040**

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 *Nancy A. Harris*
Signature, typed or printed name of registered agent and title if applicable.

Nancy A. HARRIS
(NOTE: Registered Agent signature required when reinstating)

8-1-03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	TEPE, GREG	
STREET ADDRESS	816 SOUTH STREET #4	
CITY-ST-ZIP	KEY WEST FL 33046	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRIS, NANCY	
STREET ADDRESS	816 SOUTH ST. #3	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEAFARD, JAN	
STREET ADDRESS	804 SOUTH ST. #3	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JONES, ELNORA	
STREET ADDRESS	816 SOUTH STREET # 2	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	MAL	<input checked="" type="checkbox"/> Delete
NAME	VON DORNHEIM, CURT	
STREET ADDRESS	812 SOUTH STREET #4	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY KAREN STANLEY	
STREET ADDRESS	804 SOUTH ST #4	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER LEONARD STANLEY	
STREET ADDRESS	804 South St #4	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	MAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER AT LARGE ANDREW REINKING	
STREET ADDRESS	812 SOUTH ST #3	
CITY-ST-ZIP	KEY WEST FL 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: *Nancy A. Harris* **Nancy A. HARRIS V.P.** **8/1/03** **(305) 294-1373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)