

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-04-2003 90089 043 ***150.00

030217 AV

DOCUMENT # **F99483**

1. Entity Name
SOUTHERN CONDOMINIUM DEVELOPERS, INC.



Principal Place of Business
**4314 PABLO OAKS COURT
JACKSONVILLE FL 32224**

Mailing Address
**4314 PABLO OAKS COURT
JACKSONVILLE FL 32224**



CHECK HERE IF MAKING CHANGES

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 **59-2226154**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EDWARDS, TANYA P.
4314 PABLO OAKS COURT
JACKSONVILLE FL 32224~~

Name
Anne T. Klinepeter

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

4314 Pablo Oaks Court

City
Jacksonville

FL

Zip Code
32224

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 *A. J. Klinepeter*

Anne T. Klinepeter

1/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
P O'STEEN ROGER M.	4314 PABLO OAKS COURT JACKSONVILLE FL 32224		
V BARBOUR, GREG J.	4314 PABLO OAKS COURT JACKSONVILLE FL 32224		
TS EDWARDS, TANYA P.	4314 PABLO OAKS COURT JACKSONVILLE FL 32224	Anne T. Klinepeter	4314 Pablo oaks Court Jacksonville FL 32224

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 607, 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:

Anne T. Klinepeter **REQUIRED** *Anne T. Klinepeter*

1/27/03

904-992-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)