

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K33391

FILED
Jun 12, 2009
Secretary of State

Entity Name: OWNERS PROPERTY MANAGEMENT CORPORATION, INC.

Current Principal Place of Business:

5211 JOSEPH CLOSE ROAD
PLANT CITY, FL 33565 HI

New Principal Place of Business:

9260 BAY PLAZA BLVD.
SUITE 501
TAMPA, FL 33619

Current Mailing Address:

5211 JOSEPH CLOSE ROAD
PLANT CITY, FL 33565 HI

New Mailing Address:

5211 JOSEPH CLOSE ROAD
PLANT CITY, FL 33565

FEI Number: 59-2906762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, DAVID B.
4012 72ND AVENUE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GORDON, DAVID B.
Address: 4012 72ND AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: DS/T () Delete
Name: STARFORD, LILAN B.
Address: 5211 JOSEPH CLOSE ROAD
City-St-Zip: PLANT CITY, FL 33562 HI

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS/T (X) Change () Addition
Name: STARFORD, LILAN B.
Address: 5211 JOSEPH CLOSE ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: DVP () Change (X) Addition
Name: FERREIRA, RANDY X.
Address: 820 W. DEES ROAD
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILAN B. STARFORD

DS/T

06/12/2009

Electronic Signature of Signing Officer or Director

Date