

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004145

FILED
Aug 31, 2009
Secretary of State

Entity Name: SOUTH 17 OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4339 ROOSEVELT BLVD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4339 ROOSEVELT BLVD
SUITE 400
JACKSONVILLE, FL 32210 US

Current Mailing Address:

751 OAK STREET
SUITE 600
JACKSONVILLE, FL 32210 US

New Mailing Address:

4339 ROOSEVELT BLVD
SUITE 400
JACKSONVILLE, FL 32210 US

FEI Number: 01-0739996 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMON, BERT C
1660 PRUDENTIAL DR
SUITE 203
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WILLIAM, MORRIS H
4339 ROOSEVELT BLVD.
SUITE 400
JACKSONVILLE, FL 32210 US

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: WILLIAM H. MORRIS

08/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, R LAMAR
Address: 751 OAK STREET, SUITE 600
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VTD (X) Delete
Name: THORNTON, J T
Address: 751 OAK STREET, SUITE 600
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SD (X) Delete
Name: SIMON, BERT C
Address: 1660 PRUDENTIAL DRIVE, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRIS, WILLIAM H
Address: 4339 ROOSEVELT BLVD., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32210 US

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H MORRIS

PD

08/31/2009

Electronic Signature of Signing Officer or Director

Date