2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# N04000010562

Entity Name: 902 SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

902 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

902 SOUTH FLORIDA AVENUE
SUITE 201
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-1890027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, TRACY D
902 SOUTH FLORIDA AVENUE
SUITE 201
LAKELAND, FL 33803 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:	PD	( ) Delete
Name:	STARGEL, JOHN	
Address:	902 SOUTH FLORIDA AVENUE STE 101	
City-St-Zip:	LAKELAND, FL 33803	
Title:	VD	( ) Delete
Name:	BLACKMON-ROBERTS, SYLVIA	
Address:	902 SOUTH FLORIDA AVENUE STE 205	
City-St-Zip:	LAKELAND, FL 33803	
Title:	TD	( ) Delete
Name:	KELLEY, TRACY D	
Address:	902 SOUTH FLORIDA AVENUE STE 201	
City-St-Zip:	LAKELAND, FL 33803	
Title:	SD	( ) Delete
Name:	SHELBY, GLENN	
Address:	902 SOUTH FLORIDA AVENUE STE 101	
City-St-Zip:	LAKELAND, FL 33803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: TRACY D KELLEY TD 01/17/2007
Electronic Signature of Signing Officer or Director — Date