2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011408

FILED Feb 26, 2008 Secretary of State

Entity Name: SOUTH WALTON COMMERCE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	SIDE AVE SU /ILLE, FL 322						
Current Mailing Address:				New Mailing Address:			
245 RIVERSIDE AVE SUITE 500 ATTN. LEGAL DEPT - SUSAN WHITLATCH JACKSONVILLE, FL 32202				245 RIVERSIDE AVE SUITE 500 ATTN. LEGAL DEPT JACKSONVILLE, FL 32202			
FEI Number: 20-2265816 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:		Name and	Address of N	lew Registered Ag	jent:
JACKSON\	SIDE AVE SU /ILLE, FL 322	202 US					
The above in the State		submits this statement for the pu	urpose of	changing if	ts registered o	office or registered a	gent, or both,
SIGNATUR							
	Electror	nic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HARRIS, DEAN	ROAD SUITE 200		Title: Name: Address: City-St-Zip:	()) Change () Addition	
Title: Name: Address: City-St-Zip:	PETTI, PAUL 100 BECKRICH	Delete HROAD, SUITE 200 BEACH, FL 32811		Title: Name: Address: City-St-Zip:	COVELL, SCOTO 100 BECKRICH) Change () Addition IT H ROAD, SUITE 200 BEACH, FL 32811	
Title: Name: Address: City-St-Zip:	DIVINEY, BRYA	Delete AN HROAD SUITE 200 BEACH, FL 32407		Title: Name: Address: City-St-Zip:	GIBBONS, SAE 100 BECKRICH) Change () Addition BRINA I ROAD SUITE 200 BEACH, FL 32407	
Title: Name: Address: City-St-Zip:	ELDER, SCOT	E AVENUE SUITE 500		Title: Name: Address: City-St-Zip:	HORNSBY, ME 245 RIVERSIDI	E AVENUE SUITE 500	
Title: Name: Address: City-St-Zip:	CHILDERS, DA	E AVENUE SUITE 500		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	JONES, PHILIP	E AVENUE SUITE 500		Title: Name: Address: City-St-Zip:	()) Change ()Addition	

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: SCOTT COVELL, ESQ. DV 02/26/2008