

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90006 043 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000004241			
1. Entity Name SOUTHERN MILLS BUSINESS PARK PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 355 RIVERSIDE PARKWAY, STE. 100 AUSTELL, GA 30168		Mailing Address 355 RIVERSIDE PARKWAY, STE. 100 AUSTELL, GA 30168	
2. Principal Place of Business - No P.O. Box # 335 Riverside Parkway		3. Mailing Address 335 Riverside Parkway	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Austell, GA		City & State Austell, GA	
Zip 30168	Country USA	Zip 30168	Country USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number ☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 MIAMI CTR., 201 S. BISCAYNE BLVD. MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 12, 2008		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 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTHERLAND, CHARLES M. JR. 355 RIVERSIDE PARKWAY, STE. 100 AUSTELL, GA 30168 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T/D SUTHERLAND, CHARLES M., JR. 335 Riverside Parkway, Suite 100 Austell, GA 30168 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTHERLAND, DAVID 355 RIVERSIDE PARKWAY, STE. 100 AUSTELL, GA 30168 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BRUCE, THOMAS A. 335 Riverside Parkway, Suite 100 Austell, GA 30168 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYANT, ALLAN 355 RIVERSIDE PARKWAY, STE. 100 AUSTELL, GA 30168 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D BRYAN, ALLEN B. 335 Riverside Parkway, Suite 100 Austell, GA 30168 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Allen B. Bryan</u>		Date <u>5/28/08</u> Daytime Phone # <u>770-799-0345</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			