

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012234

FILED
Jun 16, 2009
Secretary of State

Entity Name: ALEXANDER OAKS SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

102 W. REYNOLDS ST STE 201
PLANT CITY, FL 335633305

New Principal Place of Business:

Current Mailing Address:

102 W. REYNOLDS ST STE 201
PLANT CITY, FL 335633305

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

SPARKMAN, STEVEN L
102 W. REYNOLDS ST STE 201
PLANT CITY, FL 335633305 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CALHOUN, GAIL
Address: 1507 S ALEXANDER STREET STE #103
City-St-Zip: PLANT CITY, FL 335638413

Title: DV () Delete
Name: LARISCY, DANIEL
Address: 1605 SOUTH ALEXANDER STREET STE #103
City-St-Zip: PLANT CITY, FL 335638401

Title: DST () Delete
Name: LARISCY, ELAINE
Address: 1605 SOUTH ALEXANDER STREET STE #103
City-St-Zip: PLANT CITY, FL 335638401

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:

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: GAIL CALHOUN

DP

06/16/2009

Electronic Signature of Signing Officer or Director

Date