2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

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Entity Name: SOUTHERN PARK OF COMMERCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

505 SOUTH FLAGLER DR., SUITE 1002
W. PALM BCH, FL 33401

New Principal Place of Business:

505 SOUTH FLAGLER DR., SUITE 1010
W. PALM BCH, FL 33401

Current Mailing Address:

505 SOUTH FLAGLER DR., SUITE 1002
W. PALM BCH, FL 33401

New Mailing Address:

505 SOUTH FLAGLER DR., SUITE 1010
W. PALM BCH, FL 33401

FEI Number: 26-2978914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DR., SUITE 1002
W. PALM BCH, FL 33401 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
Name: STRAUB, GLENN E
Address: 505 SOUTH FLAGLER DR., SUITE 1010
City-St-Zip: W. PALM BCH, FL 33401

Title: VD
Name: CECIL, DAN
Address: 505 SOUTH FLAGLER DR., SUITE 1010
City-St-Zip: W. PALM BCH, FL 33401

Title: STD
Name: WILLIAMS, ANA
Address: 505 SOUTH FLAGLER DR., SUITE 1010
City-St-Zip: W. PALM BCH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: GLENN E STRAUB PD 04/26/2011

Electronic Signature of Signing Officer or Director Date