2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N46389

Entity Name: SOUTH BEACHES PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

440 JACKSONVILLE DR
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

472 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3109680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERVONE, FRANK DMD
474 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250 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: DP ( ) Delete
Name: CERVONE, FRANK
Address: 474 JACKSONVILL DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DT ( ) Delete
Name: WEBSTER, BUDDY
Address: 554 JACKSONVILLE DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DV ( ) Delete
Name: BARSANIAN, JAMES
Address: 472 JACKSONVILLE DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: BARSAMIAN, JAMES
Address: 472 JACKSONVILLE DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: FRANK CERVONE, DMD DP 01/06/2009

Electronic Signature of Signing Officer or Director — Date