

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000239

FILED
Jan 22, 2009
Secretary of State

Entity Name: SOUTHSIDE BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4640 SOUTHSIDE BLVD
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4640 SOUTHSIDE BLVD
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-3227468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, GRANT
4640 SOUTHSIDE BLVD
SEBRING, FL 33870 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: PS () Delete
Name: ROWE, GRANT
Address: 4640 SOUTHSIDE BLVD
City-St-Zip: SEBRING, FL 33870

Title: VP () Delete
Name: WOMBLE, JAMES L JR
Address: 4645 SOUTHSIDE BLVD
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: BACON, DANNY
Address: POB 7363
City-St-Zip: SEBRING, FL 33872

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: GRANT ROWE

PS

01/22/2009

Electronic Signature of Signing Officer or Director

Date