

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001888

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

701 WESTERN AVENUE
GLENDALE, CA 91201 US

New Principal Place of Business:

Current Mailing Address:

701 WESTERN AVENUE
GLENDALE, CA 91201 US

New Mailing Address:

FEI Number: 65-0579999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: P () Delete
Name: HAVNER, RONALD L JR
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA 912012349

Title: VPCF () Delete
Name: REYES, JOHN
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA 912012349

Title: V () Delete
Name: ADAMS, DREW
Address: 701 WESTERN AVE
City-St-Zip: GLENDALE, CA 91201

Title: S () Delete
Name: HEIM, STEPHANIE
Address: 701 WESTERN AVENUE
City-St-Zip: GLENDALE, CA 91201

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:

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: DREW ADAMS

VP

01/21/2009

Electronic Signature of Signing Officer or Director

Date