


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N96000005700 1. Entity Name SOUTH STREET COMMERCE PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 628 S 14TH STREET LEESBURG, FL 34748	Mailing Address PO BOX 490821 LEESBURG, FL 34749-0821
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3410875	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, DIANNE  
 628 S 14TH STREET  
 LEESBURG, FL 34748

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, DIANNE 628 S 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTHEWS, JEANNIE 628 S 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, EUGENE 628 S 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, MARTIN 628 S 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, MARC 628 S 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLING, BENNETT 628 S 14TH STREET LEESBURG, FL 34748

U00000703150  
 04/20/07-80128-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dianne G. Boyd* Date 3/9/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #