

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005700

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** SOUTH STREET COMMERCE PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

618 S 14TH STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490821  
LEESBURG, FL 347490821

**New Mailing Address:**

**FEI Number:** 59-3410875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYD, DIANNE  
618 S 14TH STREET  
LEESBURG, FL 34748 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: BOYD, DIANNE  
Address: 618 S 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: STD  
Name: MATTHEWS, JEANNIE  
Address: 618 S 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: BOYD, EUGENE  
Address: 618 S 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: BOYD, MARTIN  
Address: 618 S 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: MATTHEWS, MARC  
Address: 618 S 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: WALLING, BENNETT  
Address: 618 S 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

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: DIANNE BOYD

PD

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date