


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

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90049 006 \*\*\*\*61.25

**DOCUMENT # N98000001140**

1. Entity Name  
 SOUTH PARK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
 532 S ECON CIRCLE  
 SUITE 160  
 OVIEDO, FL 32765

Mailing Address  
 532 S ECON CIRCLE  
 SUITE 160  
 OVIEDO, FL 32765

40007011



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3498624	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

OWEN, ROGER E  
 532 S. ECON CIR.  
 160  
 OVIEDO, FL 32765

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 OWEN, ROGER E 532 S ECON CIRCLE, STE 160 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURK, MELONI E 2115 LAKESIDE DR ORLANDO, FL 32803 <i>301 Tutor Lachen DR. Winter Park FL 32789</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWEN, PATRICIA M 263 MINORCA BEACH WAY E-802 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Roger E. Owen* **ROGER E. OWEN** *1/23/07* **407-971-6300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #