

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2008  
Secretary of State**

DOCUMENT# N98000001140

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

**Current Principal Place of Business:**

532 S ECON CIRCLE  
SUITE 160  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

532 S ECON CIRCLE  
SUITE 160  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3498624      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OWEN, ROGER E  
532 S. ECON CIR.  
160  
OVIEDO, FL 32765 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 ( ) Delete  
Name: OWEN, ROGER E  
Address: 532 S ECON CIRCLE, STE 160  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: TURK, MELONI E  
Address: 301 INTERLACKEN DR  
City-St-Zip: WINTER PARK, FL 32789

Title: TD (X) Delete  
Name: OWEN, PATRICIA M  
Address: 263 MINORCA BEACH WAY E-802  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**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: ROGER E. OWEN

PD

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date