

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000010

**Entity Name:** THE SHOPPES OF SOUTHERN DUNES COMMERCIAL  
PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**6214414198CC**

**Current Principal Place of Business:**

100 SOUTH KENTUCKY AVENUE  
SUITE 290  
LAKELAND, FL 33801

**Current Mailing Address:**

PO BOX 1869  
LAKELAND, FL 33802 US

**FEI Number: 59-3361764**

**Certificate of Status Desired: No**

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

WORKMAN, MICHAEL  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

*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: MICHAEL E WORKMAN**

**01/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name CLARK, MATTHEW R  
Address 100 SOUTH KENTUCKY AVENUE  
SUITE 290  
City-State-Zip: LAKELAND FL 33801

Title VP, D  
Name KELLY, SCOTT  
Address 100 SOUTH KENTUCKY AVENUE  
SUITE 290  
City-State-Zip: LAKELAND FL 33801

Title T, S, D  
Name ANDERSON, THOMAS F  
Address 100 SOUTH KENTUCKY AVENUE  
SUITE 290  
City-State-Zip: LAKELAND FL 33801

*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: THOMAS F ANDERSON**

**CFO**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date