

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005700

**FILED  
Apr 30, 2013  
Secretary of State  
CC7875496928**

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

**Current Principal Place of Business:**

620 S 14TH STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

PO BOX 490821  
LEESBURG, FL 34749-0821

**FEI Number: 59-3410875**

**Certificate of Status Desired: No**

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

BOYD, DIANNE  
620 S 14TH STREET  
LEESBURG, FL 34748 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BOYD, DIANNE  
Address 620 S 14TH STREET  
City-State-Zip: LEESBURG FL 34748

Title STD  
Name MATTHEWS, JEANNIE  
Address 620 S 14TH STREET  
City-State-Zip: LEESBURG FL 34748

Title D  
Name BOYD, MARTIN  
Address 620 S 14TH STREET  
City-State-Zip: LEESBURG FL 34748

Title D  
Name MATTHEWS, MARC  
Address 620 S 14TH STREET  
City-State-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**

**PRES**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date