2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# N02000003744

Entity Name: STORAGE UNLIMITED PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

824 MICHIGAN ST
MT DORA, FL

New Principal Place of Business:

1194 CAMP AVE.
MOUNT DORA, FL 32757

Current Mailing Address:

PO BOX 255
32756, FL

New Mailing Address:

PO BOX 255
MOUNT DORA, FL 32756

FEI Number: 20-0373853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEEK, WARD A
824 MICHIGAN ST
MT DORA, FL

Name and Address of New Registered Agent:

CHEEK, WARD A
1194 CAMP AVE.
MOUNT DORA, FL 32757

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: _____ 03/08/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHEEK, WARD A
Address: 824 MICHIGAN ST
City-St-Zip: MT DORA, FL

Title: D ( ) Delete
Name: CHEEK, DIANE B
Address: 824 MICHIGAN ST
City-St-Zip: MT DORA, FL

Title: D (X) Delete
Name: GISSY, JAMES L
Address: 9259 POINTE CYPRESS DR
City-St-Zip: CORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHEEK, WARD A
Address: 1194 CAMP AVE.
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change ( ) Addition
Name: CHEEK, DIANE B
Address: 1194 CAMP AVE.
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WARD A. CHEEK PD 03/08/2004
Electronic Signature of Signing Officer or Director — Date