

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90020 018 ****61.25

DOCUMENT # N02000003744	
1. Entity Name STORAGE UNLIMITED PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1194 CAMP AVE. MOUNT DORA, FL 32757	Mailing Address PO BOX 255 MOUNT DORA, FL 32756
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50022383



2. Principal Place of Business	3. Mailing Address PO BOX 255 1300 W. NORTH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05262006 Chg-NP CR2E037 (4/06)

City & State LEESBURG FL.	4. FEI Number 20-0373853	Applied For ☐ Not Applicable
Zip 32159	Country LAKE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHEEK, WARD A 1194 CAMP AVE. MOUNT DORA, FL 32757	7. Name and Address of New Registered Agent Name THOMAS GRIZZARD Street Address TOM GRIZZARD, INC. 1300 W. NORTH BLVD. LEESBURG, FL 34748 City FL Zip Code
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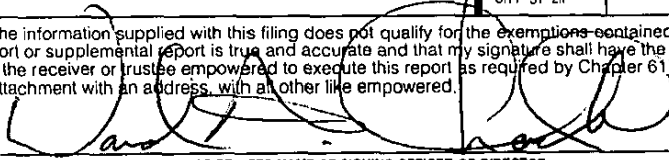
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **THOMAS GRIZZARD** 7/6/06.
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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- CHEEK, WARD A 1194 CAMP AVE. MOUNT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, DIANE B 1194 CAMP AVE. MOUNT DORA, FL 32757 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition RALPH STRICKLAND 1194 CAMP AVE MOUNT DORA FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition KIM DUNN 1194 Camp Ave MOUNT DORA FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:  **WARD A CHEEK** 7/6/06 352-735-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #