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.

50022383

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

05262006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
	C/O TOM GRIZZARD 1300 W. NORTH Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LEESBURG FL.
Zip / Country	Zip: 32159 / Country: LAKE

4. FEI Number: 20-0373853 ☐ Applied For ☐ Not Applicable

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 (P.O. Box Not Acceptable): ~~TOM GRIZZARD, INC.~~ ~~1300 W. NORTH BLVD.~~ LEESBURG, FL 34748

City: FL Zip Code:

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

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 J NAME / STREET ADDRESS / CITY-ST-ZIP	RALPH STRICKLAND 1194 CAMP AVE MOUNT DORA FL. 32757	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME / STREET ADDRESS / CITY-ST-ZIP	KIM DUNN 1194 CAMP AVE MOUNT DORA FL. 32757	☐ Change ☑ Addition
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 all other like empowered.

SIGNATURE: _____ 7/6/06 352-735-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #