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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003653 (2)
 1. Corporation Name
UNITY COMMUNITY, INC.



Principal Place of Business 1315 BAYSHORE BLVD DUNEDIN FL 34698	Mailing Address 1315 BAYSHORE BLVD DUNEDIN FL 34698
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3. Date Incorporated or Qualified 07/21/1994	4. FEI Number 59-3216291	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip
24 Country	25 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RAYBURN, LAURA J
 1968 BAYSHORE BLVD
 DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME HUEBNER, FREDERICK H	
STREET ADDRESS 1 BOOTH BLVD	
CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE SD	<input type="checkbox"/> DELETE
NAME LYCAN, NANCY B	
STREET ADDRESS 13 BIRDIE CIR	
CITY-ST-ZIP PALM HARBOR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WALKER, JESSE	
STREET ADDRESS 4110 HIGHLAND LOOP	
CITY-ST-ZIP NEWPORT RICHEY FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME COCHRAN, JACK	
STREET ADDRESS 1808 COASTAL PLACE	
CITY-ST-ZIP DUNEDIN FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME PETERSEN, BETTE J	
STREET ADDRESS 12645 97TH STREET N.	
CITY-ST-ZIP LARGO FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PYECHA, JOYCE	
STREET ADDRESS 1028 COMMODORE ST., APT 5	
CITY-ST-ZIP CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Jackie Thomas	
1.3 STREET ADDRESS 318 S. Glenwood Ave.	
1.4 CITY-ST-ZIP Clearwater, FL 33755	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Karen Betzing	
2.3 STREET ADDRESS 1549 Bayshore Blvd.	
2.4 CITY-ST-ZIP Dunedin, FL 34698	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Brian Johnson	
3.3 STREET ADDRESS 3118 Luan Ct.	
3.4 CITY-ST-ZIP Palm Harbor, FL 34683	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Harriett Ackerley	
4.3 STREET ADDRESS 1216 Sunset	
4.4 CITY-ST-ZIP Clearwater, FL 33755	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Bette J. Petersen, Treas* **3/1/98** **913-585-3939**

CP2E037 (10/97)