

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N94000003653

Entity Name: UNITY COMMUNITY, INC.

Current Principal Place of Business:

1315 BAYSHORE BLVD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1315 BAYSHORE BLVD
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3216291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUEBNER, ELSIE
1 BOOTH BLVD
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SPRAGUE, NORMAN
Address: 1050 FOX HOLLOW RUN
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: STARR, DIANE
Address: 905 GULFVIEW BLVD.
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: SPATHELF, STEVEN
Address: 668 VINE AVE.
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: LANIER, BARBARA
Address: 2431 CANADIAN WAY #49
City-St-Zip: CLEARWATER, FL 33763

Title: SD () Delete
Name: PERRAM, BETTY
Address: 7417 MAHAFFEY DR APT A
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: RONAN, LAURA
Address: 11108-58TH AVENUE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change () Addition
Name: RENNER, MARILYN
Address: 1648 HAMILTON CT.
City-St-Zip: DUNEDIN, FL 34698

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELSIE L. HUEBNER

Electronic Signature of Signing Officer or Director

REV.

02/16/2009

_____ Date