

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90191 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006918**

1. Corporation Name  
**UNION PARK VILLAS OWNERS' ASSOCIATION, INC.**

Principal Place of Business 1009 CRANE CT DUNEDIN FL 34698 US	Mailing Address 1009 CRANE CT DUNEDIN FL 34698 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/12/1997	4. FEI Number NOT APPLICABLE Applied For Not Applicable	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
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9. Name and Address of Current Registered Agent  LAWRENCE, D'VEE C. 1009 CRANE CT DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HAYNES, DELMAR 1005 HERON COURT DUNEDIN FL 34698 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P MARTIN, ANTHONY 1021 CRANE CT DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES, DELMAR	1.2 NAME	MARTIN, ANTHONY
STREET ADDRESS	1005 HERON COURT	1.3 STREET ADDRESS	1021 CRANE CT
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	V HUBBS, WARREN 1001 EGRET CT DUNEDIN FL 34698 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V GREGG, NORMA 1009 OSPREY CT DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBS, WARREN	2.2 NAME	GREGG, NORMA
STREET ADDRESS	1001 EGRET CT	2.3 STREET ADDRESS	1009 OSPREY CT
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	S CARVER, LOIS 1016 EGRET COURT DUNEDIN FL 34698 <input type="checkbox"/> DELETE	3.1 TITLE	S MASON, MARGARET 1000 OSPREY CT DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARVER, LOIS	3.2 NAME	MASON, MARGARET
STREET ADDRESS	1016 EGRET COURT	3.3 STREET ADDRESS	1000 OSPREY CT
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T LAWRENCE, D-VEE 1009 CRANE COURT DUNEDIN FL 34698 <input type="checkbox"/> DELETE	4.1 TITLE	T TOWNE, RICHARD 1027 IRIS CT DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, D-VEE	4.2 NAME	TOWNE, RICHARD
STREET ADDRESS	1009 CRANE COURT	4.3 STREET ADDRESS	1027 IRIS CT
CITY-ST-ZIP	DUNEDIN FL 34698	4.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D MILLER, TED 1 SANDPIPER DR DUNEDIN FL 34698 <input type="checkbox"/> DELETE	5.1 TITLE	D MCTAGGART, JOHN 1020 HERON CT DUNEDIN, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, TED	5.2 NAME	MCTAGGART, JOHN
STREET ADDRESS	1 SANDPIPER DR	5.3 STREET ADDRESS	1020 HERON CT
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D EDELSON, ROBERT 1021 OSPREY CT DUNEDIN FL 34698 <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	EDELSON, ROBERT	6.2 NAME	
STREET ADDRESS	1021 OSPREY CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	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, with all other like empowered.

SIGNATURE: LAWRENCE, D-VEE SIGNATURE REQUIRED: LAWRENCE, D-VEE C. LAWRENCE 02/10/99 (727) 733-0502  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)