

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N97000006918**

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

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90039 013 \*\*\*\*70.00

0055452

Principal Place of Business Mailing Address  
**1009 CRANE CT DUNEDIN FL 34698 US** **1009 CRANE CT DUNEDIN FL 34698 US**

000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ANDENTE, PATRICIA G  
1002 CRANE CT  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
Name **D'VEE C. LAWRENCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1009 CRANE CT.**  
City **DUNEDIN** FL Zip Code **34698**

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.

SIGNATURE **D'VEE C. LAWRENCE** *D'Vee C. Lawrence* **5 January 2002**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAJESTA, GILLIS</b>		NAME	<b>GILLIS, WANETA</b>	
STREET ADDRESS	<b>1013 SANDPIPER CT</b>		STREET ADDRESS	<b>1013 SANDPIPER CT</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLMERI, GLORIA</b>		NAME	<b>LAWRENCE, D'VEE</b>	
STREET ADDRESS	<b>1005 CRANE CT</b>		STREET ADDRESS	<b>1009 CRANE CT</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCTAGGART, JOHN</b>		NAME	<b>HAYNES, DELMAR</b>	
STREET ADDRESS	<b>1020 HERON CT</b>		STREET ADDRESS	<b>1005 HERON CT</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH, SHIRLEY</b>		NAME	<b>THEOBALD, JOAN</b>	
STREET ADDRESS	<b>1014 SANDPIPER CT</b>		STREET ADDRESS	<b>1012 EGRET CT.</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLONDIN, GEORGE</b>		NAME	<b>DEFELICE, FRED</b>	
STREET ADDRESS	<b>1008 IBIS CT</b>		STREET ADDRESS	<b>1013 HERON CT</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLONDIN, GERI</b>		NAME		
STREET ADDRESS	<b>1008 IBIS CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>		CITY-ST-ZIP		

12. 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 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: **D'VEE C. LAWRENCE** *D'Vee C. Lawrence* **5/JAN/2002** **727-733-6502**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)