

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90016 004 ****61.25

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1. Entity 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**

40007093



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, D'VEE C
1009 CRANE CT
DUNEDIN FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
Due By May 1, 2005**

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILLIS, WANETA	
STREET ADDRESS	1013 SAND PIPER CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BINNING, RAYMOND	
STREET ADDRESS	1000 HERON CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, LOIS	
STREET ADDRESS	1010 OSPREY CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAWRENCE, D'VEE	
STREET ADDRESS	1009 CRANE CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAZNOWSKI, ROMAN	
STREET ADDRESS	1014 OSPREY CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCTAGART, JOHN	
STREET ADDRESS	1020 HERON CT	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANORE, FRANK	
STREET ADDRESS	1009 EGRET CT	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMILLAN, MARY LOU	
STREET ADDRESS	1020 OSPREY CT	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODRING, BEVERLY	
STREET ADDRESS	11 SANDPIPER DR.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DOROTHY	
STREET ADDRESS	1000 EGRET CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINS, GEORGE	
STREET ADDRESS	1015 SANDPIPER CT	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSDORFF, JUTTA	
STREET ADDRESS	1020 CRANE CT	
CITY-ST-ZIP	DUNEDIN, FL 34698	

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** **20 JAN 2005** **727-733-6502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #