

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752867**

1. Entity Name  
**UNITY PROFESSIONAL CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**3440 CONWAY BLVD.  
PT CHARLOTTE, FL 33952**

Mailing Address  
**3440 CONWAY BLVD.  
SUITE 1-B  
PT CHARLOTTE, FL 33952 US**



01082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2182755**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEVIN, ALLEN J  
3440 CONWAY BLVD., STE 1-A  
PT CHARLOTTE, FL 33952**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WILSON, DAVID G III  
3440 CONWAY BLVD., STE 1-B  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DEES, FRED B JR  
3440 CONWAY BLVD., STE 2-C  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
LEVIN, ALLEN J  
3440 CONWAY BLVD., STE 1-A  
PORT CHARLOTTE, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000177994  
01/12/05-80008-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

**DAVID G. WILSON III**

**JANUARY 8, 2005 941-625-5141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #