

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 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**



01172008 No Chg-NP CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WILSON, DAVID G III
STREET ADDRESS	3440 CONWAY BLVD., STE 1-B
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	PD
NAME	DEES, FRED B JR
STREET ADDRESS	3440 CONWAY BLVD., STE 2-C
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD
NAME	LEVIN, ALLEN J
STREET ADDRESS	3440 CONWAY BLVD., STE 1-A
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/08-80011-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Wilson III **David G. Wilson III**

January 24, 2008 **January 24, 2008**

Date

Daytime Phone #

941-625-5141 **941-625-5141**