


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90331 031 \*\*\*\*61.25

<b>DOCUMENT # 754202</b> 1. Entity Name <b>U.W.T. Condominium Association, Inc</b>	
--	---

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>420 Sandringham Court</b>		3. Mailing Address <b>420 Sandringham Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Winter Springs, FL</b>		City & State <b>Winter Springs, FL</b>	
Zip <b>32708</b>	Country	Zip <b>32708</b>	Country
4. FEI Number <b>59-2029935</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Ramroop D. Persad</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>420 Sandringham Court</b>	
	City <b>Winter Springs</b>	Zip Code <b>FL 32708</b>

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  **Ramroop D. Persad, President** 7-8-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasure Colleen Murphy 420 Sandringham Ct, Winter Springs, FL 32708</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Chris Dolney 3543 Aristotle Ave., Orlando, FL 32826</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Dan Barrett 9816 E. Colonial Dr., Orlando, FL 32867</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ramroop D. Persad 420 Sandringham Ct, Winter Springs, FL 32708</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address with all other like empowered.

SIGNATURE:  7-8-03 407-760-8537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)