2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001058

1. Entity Name UNIT ONE PROPERTY OWNERS' ASSOCIATION, INC.



Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90028 009 ****61.25

FILED

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Principal Place of Business	 	1.1	,1	Mailing Address	

1002 AUGUSTA DR. 102 I AND IN CUEIS SUN CITY CENTER, FL 33573 P.O. BOX 6263 SUN CITY CENTER, FL 33571-6263 US											
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2. Principal P	Place of Busine	ss - No P.O. Box#	3. Mailir	ng Address	• •						
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.			02252008 Chg	-NP	CR2E03	7 (12/06)	
City & Stat	te		City & State			4. FEI Number 02-0569358				oplied For	
Zip		Country	Zip	Zip Country		5. Certificate of State	us Desired		\$8.75 Add	ditional	
	6. Name a	and Address of Current	Registered	Agent			7. Name and Addre	ss of New Re	gistered A	gent	*
					Name						11
	MES R JR				Stroot	Addross (P.O. Box Number is No	t Associately			
TAMPA, F	DE PK AVE				Sireer	-touress (F.O. DOX NUMBER IS NO	к месеркавіе)			
12012	L 33000	**									
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A The shows	named entity	submits this statement for	or the ourse	so of changing ite r	pointaged office of	v ragisto	rad agent or both in th	o State of Dec		amiliar with	and appear
	tions of registe		or ure purpo	se or changing its in	agistered onice (n ien Pister	ed agent, or bods, as the	e 21919 OI LIOI	ida. Tain ii	ammar with,	and accept
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SIGNATURE		•									
0,0,0,0,0	Signature, typed or	r printed name of registered agent	and title if applic	able. (NOTE:	Registered Agent signs	ture required	d when reinstating)		DATE		
£*	<u> </u>			5 51 0							
	• •	is \$61.25 By 1, 2008		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees			payable tement of S	
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10,		OFFICERS AND DI	RECTORS		11,		ADDITIONS/CHANGES	TO OFFICER	S AND DIR	ECTORS IN	I 10
10: TITLE	VD		RECTORS	Le Delete	11,	PD		•	S AND DIR	ECTORS IN	I 10 Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	CALLAN, F 716 RIVIER SUN CITY PD	RANCES RA DR. CENTER, FL 33573	RECTORS	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD CAI	Rol Sower L Indian U N City Cente	sells RFL		Change	
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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.

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SIGNATURE AND TYPED OR PROTECT AND OF SIGNING OFFICER OR DIRECTOR

President

3-27-08

813-642-8375