


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

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

DOCUMENT # N02000001058					
1. Entity Name UNIT ONE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4002 AUGUSTA DR. 702 Indian Wells SUN CITY CENTER, FL 33573			Mailing Address P.O. BOX 6263 SUN CITY CENTER, FL 33571-6263 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0569358	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HINES, JAMES R JR 315 S HYDE PK AVE TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAN, FRANCES		NAME	Carol Sowers	
STREET ADDRESS	716 RIVIERA DR.		STREET ADDRESS	702 Indian Wells	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center FL 33573	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASSER, JOYE		NAME	Carol Forstad	
STREET ADDRESS	1002 AUGUSTA DR.		STREET ADDRESS	904 Desert Hills Dr	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, HELEN		NAME	Sue Splinter	
STREET ADDRESS	912 DESERT HILLS DR		STREET ADDRESS	1013 Augusta Dr	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center FL 33573	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPLINTER, THOMAS		NAME	Carole Wetlach	
STREET ADDRESS	1005 AUGUSTA DRIVE		STREET ADDRESS	1201 Simmons Way	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILASI, RICHARD		NAME	Angela Santini	
STREET ADDRESS	709 RIVIERA DR.		STREET ADDRESS	707 Augusta Dr RIVIERA Dr	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center FL 33573	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Carol Sowers</u>		President		3-27-08 813-642-8375	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	