## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001058

FILED Mar 10, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1002 AUGUSTA DR. 717 DESERT HILLS WAY SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 **Current Mailing Address: New Mailing Address:** P.O. BOX 6263 SUN CITY CENTER, FL 335716263 US FEI Number: 02-0569358 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINES, JAMES P JR 315 S HYDE PK AVE TAMPA, FL 33606 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SOWERS, CAROL Name: Name: 702 INDIAN WELLS Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition FORSTAD, CAROL Name: SANTINI, ANGELA Name: Address: 904 DESERT HILLS DRIVE Address: 707 RIVIERA DRIVE City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: TD (X) Change ( ) Addition SPLINTER, SUE DIOLOSA, REE Name: Name: Address: 1013 AUGUSTA DRIVE Address: 717 DESERT HILLS WAY City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: ( ) Delete Title: SD (X) Change ( ) Addition WETLACH, CAROLE Name: Name: TRAVIS, JIM 708 DESERT HILLS WAY Address: 1201 SIMMONS WAY Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573 Title: ( ) Delete Title: (X) Change ( ) Addition SANTINI, ANGELA FORSTAD, CAROL Name: Name: 707 RIVIERA DRIVE 904 DESERT HILLS DRIVE Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REE DIOLOSA TD 03/10/2009