

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001058

FILED  
Jan 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

902 DESERT HILLS DRIVE  
SUN CITY CENTER, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6263  
SUN CITY CENTER, FL 335716263 US

**New Mailing Address:**

**FEI Number:** 02-0569358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINES, JAMES P JR  
315 S HYDE PK AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: JORDAN, SHARON H  
Address: 902 DESERT HILLS DRIVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD  
Name: KENNEDY, CHARLES  
Address: 712 DESERT HILLS WAY  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD  
Name: MCINTOSH, JAMES  
Address: 905 HACIENDA DR.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD  
Name: EDWARDS, JENNIFER  
Address: 1012 CHERRY HILLS DR.  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D  
Name: DUFTON, MARJ  
Address: 705 DESERT HILLS WAY  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby 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 all other like empowered.

SIGNATURE: SHARON H. JORDAN

PRES

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date