

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90160 001 ****61.25

DOCUMENT # N02000003744

1. Entity Name
**STORAGE UNLIMITED PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1194 CAMP AVE.
MOUNT DORA, FL 32757**

Mailing Address
**1300 WEST NORTH BLVD
LEESBURG, FL 32159**

60032300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0373853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIZZARD, THOMAS
1300 WEST NORTH BLVD
LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHEEK, WARD A	
STREET ADDRESS	1194 CAMP AVE.	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHEEK, DIANE B	
STREET ADDRESS	1194 CAMP AVE.	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, RALPH	
STREET ADDRESS	1194 CAMP AVE	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNN, KIM	
STREET ADDRESS	1194 CAMP AVE	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Adams	
STREET ADDRESS	23037 Oak Prairie Cr.	
CITY-ST-ZIP	Sanford FL 32776	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lester Levy	
STREET ADDRESS	1220 Camp Ave.	
CITY-ST-ZIP	Mt Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08

352 787 0590