

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003744

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1194 CAMP AVE.  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

1300 WEST NORTH BLVD  
LEESBURG, FL 32159

**New Mailing Address:**

102 W BURLEIGH BLVD  
TAVARES, FL 32778

**FEI Number:** 20-0373853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRIZZARD, THOMAS D  
1300 WEST NORTH BLVD  
LEESBURG, FL 34748 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:** CHEEK, WARD A  
**Address:** 1194 CAMP AVE.  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** D  
**Name:** ADAMS, STEPHEN  
**Address:** 23037 OAK PRAIRIE CIRCLE  
**City-St-Zip:** SORRENTO, FL 32776

**Title:** D  
**Name:** STRICKLAND, D R  
**Address:** 32031 HICKORY LANE  
**City-St-Zip:** SORRENTO, FL 32776

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:** W ALAN CHEEK

**PRES**

**04/12/2012**

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

\_\_\_\_\_  
Date