2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N02000007592

Entity Name: UNITED COMMUNITY ASSOCIATIONS OF PINELLAS, INC.

Current Principal Place of Business:

4361 45TH STREET NORTH
LEALMAN, FL 33714

New Principal Place of Business:

Current Mailing Address:

4361 45TH STREET NORTH
LEALMAN, FL 33714

New Mailing Address:

FEI Number: 52-2367498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NERI, RAY
4361 45TH STREET NORTH
LEALMAN, FL 33714 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 ( ) Delete
Name: NERI, RAY
Address: 4361 45TH STREET NORTH
City-St-Zip: LEALMAN, FL 33714

Title: VD ( ) Delete
Name: FRANK, JOHN
Address: 3837 44 AVE N
City-St-Zip: LEALMAN, FL 33714

Title: TD ( ) Delete
Name: REDMAN, AL
Address: 12112 KAY DR.
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete
Name: ISRAEL, SALLY
Address: 2015 DOLPHIN BLDG S.
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAYMOND H. NERI PD 01/04/2005

Electronic Signature of Signing Officer or Director — Date