


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90014 030 \*\*\*\*61.25

<b>DOCUMENT #</b> N03000001492	
<b>1. Entity Name</b> UBP CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2201 NE COACHMAN ROAD CLEARWATER FL 33765	<b>Mailing Address</b> 1831 N. BELCHER RD. SUITE G-3 CLEARWATER FL 33765 US
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1st MOORE CR2E037 (10/06)

<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 20-0027318	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  R. CARLTON WARD 1253 PARK STREET CLEARWATER FL 33756
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> VPD PD <b>NAME</b> BUGG, ROBERT <b>STREET ADDRESS</b> 2201 NE COACHMAN RD. #201 <b>CITY - ST - ZIP</b> CLEARWATER FL 33765	<input type="checkbox"/> Delete
<b>TITLE</b> STD <b>NAME</b> BARNES, BRUCE <b>STREET ADDRESS</b> 2201 NE COACHMAN RD. #102 <b>CITY - ST - ZIP</b> CLEARWATER FL 33765	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> PD <b>NAME</b> STOKES, CYNTHIA <b>STREET ADDRESS</b> POST OFFICE BOX 14517 <b>CITY - ST - ZIP</b> ST. PETERSBURG FL 33733-4517	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> Park, Joseph <b>STREET ADDRESS</b> 2201 NE Coachman Rd. #200 <b>CITY - ST - ZIP</b> Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> Jack Russell <b>STREET ADDRESS</b> 2201 NE Coachman Rd. #100 <b>CITY - ST - ZIP</b> Clearwater, FL 33765	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  Bruce W. Barnes 2/21/07 727-726-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR