

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010840

FILED  
Jul 22, 2005  
Secretary of State

**Entity Name:** UNITED COMMUNITY ASSOCIATION PARTNERS, INC.

**Current Principal Place of Business:**

21155 HELMSMAN DR.  
M14  
ADVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 800017  
ADVENTURA, FL 33280

**New Mailing Address:**

**FEI Number:** 20-1906705      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SCHWARTZ, HOWARD L  
621 N.W. 53RD. STREET  
SUITE 390  
BOCA RATON, FL 33487 US

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

TODD, GREG L  
4387 TREVI COURT  
#308  
LAKE WORTH, FL 33487 US

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: GREG TODD

07/22/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROGERS-LIBERT, PATRICIA  
Address: 21155 HELMSMAN DR., M14  
City-St-Zip: ADVENTURA, FL 33180

Title: VP,S ( ) Delete  
Name: TODD, GREG  
Address: 4387 TREVI COURT #308  
City-St-Zip: LAKE WORTH, FL 33487

Title: VP,T ( ) Delete  
Name: SCHWARTZ, HOWARD L  
Address: 621 N.W. 53RD. STREET, SUITE 390  
City-St-Zip: BOCA RATON, FL 33487

**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:

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: PATRICIA ROGERS-LIBERT

P

07/22/2005

Electronic Signature of Signing Officer or Director

Date