2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000002356

FILED Feb 21, 2006 Secretary of State

Entity Name: U.I.M. OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1907 W KENNEDY BLVD TAMPA, FL 33606

Current Mailing Address:

New Mailing Address:

1907 W KENNEDY BLVD TAMPA, FL 33606

FEI Number: 52-2456929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LABARBERA, MICHAEL D 1907 W KENNEDY BLVD TAMPA, FL 33606

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

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

GRAVES, DANA A GRAVES, DANA A Name: Name: P.O. BOX 536 Address: P.O. BOX 536 Address:

City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Delete Title: VP/D (X) Change () Addition Name: GRAVES, VICTORIA Name: GRAVES, VICTORIA

Address: P.O. BOX 536 Address: P.O. BOX 536

City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Delete Title: ST/D (X) Change () Addition MILLER, DAWN MILLER, DAWN Name: Name:

9380 ULMERTON ROAD 9380 ULMERTON ROAD Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33771

Title: (X) Delete Title: () Change () Addition

GRAVES, JANICE Name: Name: Address: P.O. BOX 536 Address: City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DANA A. GRAVES P/D 02/21/2006