2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003094

FILED Apr 24, 2009 Secretary of State

Entity Name: UPTOWN PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 911 N. ORANGE AVE. ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 1600 W. COLONIAL DR. ORLANDO, FL 32804 FEI Number: 05-0623642 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: SOVEREIGN RESIDENTIAL SERVICES, LLC MELROSE-SOVEREIGN COMPANIES,, LLC 1600 W. COLONIAL DR. 1600 W. COLONIAL DR. ORLANDO, FL 32804 ORLANDO, FL 32804 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: ELLEN G. LUMPKIN 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SOVEREIGN RESIDENTIAL SERVICES, LLC SCOTT, JOHN Name: Name: 1600 W. COLONIAL DR. Address: 220 MARY JESS ROAD Address: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: ADILLO, JOSE Address: Address: 10643 WOODCHASE CIRCLE City-St-Zip: City-St-Zip: ORLANDO, FL 32836 Title: () Delete Title: () Change (X) Addition REBER, ROBERT Name: Name: Address: Address: 8750 BENTWOOD DR. City-St-Zip: City-St-Zip: EDEN PRAIRIE, MN 55344 Title: () Delete Title: SEC () Change (X) Addition Name: Name: HARSTAD, CHARLES Address: Address: 3503 KELVIN AVENUE N. City-St-Zip: City-St-Zip: LAKE ELM, MN 55042 Title: () Delete Title: () Change (X) Addition CHARBONNIER, MICHAEL Name: Name: 1237 WINDSONG ROAD Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify 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: JOHN SCOTT PD 04/24/2009