

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90384 023 ****61.25

DOCUMENT # N06674 1. Entity Name UPLANDS ASSOCIATION, INCORPORATED			
Principal Place of Business 518 POINCIANA DRIVE SARASOTA, FL 34243		Mailing Address 518 POINCIANA DRIVE SARASOTA, FL 34243	
2. Principal Place of Business 6350 UPLANDS BLVD Suite, Apt. #, etc.		3. Mailing Address 6350 UPLANDS BLVD Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34243		City & State SARASOTA, FL Zip 34243	
4. FEI Number 59-2493759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORTMAN, JOE 518 POINCIANA DRIVE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name <u>ZITA CONNER (TREASURER)</u> Street Address (P.O. Box Number is Not Acceptable) 6350 UPLANDS BLVD City <u>SARASOTA</u> FL <u>34243</u>	
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 <u>Zita Conner</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/25/05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANSOU CY, RENEE 527 PARKVIEW DRIVE SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PITELL, DEBRA 444 POINCIANA DRIVE SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORTMAN, JOE 418 POINCIANA DRIVE SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNER, ZITA 6350 UPLANDS BLVD SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUOMO, CLAUDIA 524 POINCIANA DRIVE SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, DAVID 8472 BAYBREEZE LANE SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Zita Conner ZITA CONNER</u> <u>4/26/05</u> <u>941-355-1228</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	