


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06674</b> 1. Entity Name UPLANDS ASSOCIATION, INCORPORATED	
---	---

Principal Place of Business 6350 UPLANDS BLVD SARASOTA, FL 34243	Mailing Address 6350 UPLANDS BLVD SARASOTA, FL 34243
--	--

**DO NOT WRITE IN THIS SPACE**



05062006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2493759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CONNER, ZITA 6350 UPLANDS BLVD SARASOTA, FL 34243	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 Zita Conner (NOTE: Registered Agent signature required when renewing) DATE 5/6/06

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANSOUY, RENEE 527 PARKVIEW DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAY, CARLTON 452 PARKVIEW DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, CHRIS 8477 UPLANDS BLVD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNER, ZITA 6350 UPLANDS BLVD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CUOMO, CLAUDIA 524 POINCIANA DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, DAVID 8472 BAYBREEZE LANE SARASOTA, FL 34243

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Zita Conner 5/6/06 941-355-1228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #