2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# N06674

Entity Name: UPLANDS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

524 POINCIANA DRIVE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

524 POINCIANA DRIVE
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2493759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUOMO, CLAUDIA M
524 POINCIANA DRIVE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	SANSOUCY, RENEE	
Address:	527 PARKVIEW DRIVE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	DS	( ) Delete
Name:	LINSENMEIR, MAUREEN	
Address:	484 PARKVIEW DRIVE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	DP	( ) Delete
Name:	MILLER, CHRIS	
Address:	8477 UPLANDS BLVD	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	MERA, CHRIS	
Address:	6280 UPLANDS BLVD	
City-St-Zip:	SARASOTA, FL 34243	
Title:	DT	( ) Delete
Name:	CUOMO, CLAUDIA	
Address:	524 POINCIANA DRIVE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	MULLINS, DAVID	
Address:	8472 BAYBREEZE LANE	
City-St-Zip:	SARASOTA, FL 34243	

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:	
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 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: CLAUDIA CUOMO DT 04/26/2008
Electronic Signature of Signing Officer or Director — Date