2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06674

FILED Apr 26, 2009 Secretary of State

Entity Name: UPLANDS ASSOCIATION, INCORPORATED

US

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

524 POINCIANA DRIVE SARASOTA, FL 34243 LIS

Current Mailing Address: New Mailing Address:

524 POINCIANA DRIVE SARASOTA, FL 34243

FEI Number: 59-2493759 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:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SANSOUCY, RENEE GAY, CARLTON Name: Name:

527 PARKVIEW DRIVE Address: 452 PARKVIEW DRIVE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

Title: () Delete Title: (X) Change () Addition LINSENMEIR, MAUREEN Name: CARPENTER, KAREN Name:

Address: 484 PARKVIEW DRIVE Address: 425 EDWARDS DRIVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

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

MILLER, CHRIS MILLER, CHRIS Name: Name: 8477 UPLANDS BLVD 8477 UPLANDS BLVD Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

Title: D () Delete Title: () Change () Addition

Name: MERA, CHRIS Name: 6280 UPLANDS BLVD Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip:

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

CUOMO, CLAUDIA CUOMO, CLAUDIA M Name: Name: 524 POINCIANA DRIVE Address: Address: 524 POINCIANA DRIVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

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

MULLINS, DAVID Name: Name: Address: 8472 BAYBREEZE LANE Address: SARASOTA, FL 34243 City-St-Zip: 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 M. CUOMO DT 04/26/2009