2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14317

FILED Mar 20, 2009 Secretary of State

Entity Name: THE UNITED ASSOCIATIONS OF TOWN APARTMENTS NORTH, INC.

Current Principal Place of Business: New Principal Place of Business: 1900 61ST AVE NO SAINT PETERSBURG, FL 33714 **Current Mailing Address: New Mailing Address:** 1900 61ST AVE NO SAINT PETERSBURG, FL 33714 FEI Number: 59-2663605 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: ZACUR, RICHARD A 5200 CENTRAL AVE. ST. PETERSBURG, FL 33707 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MUREADY, MARK CASSATT, SUSAN Name: Name: 5875 18TH ST NO. 18 Address: 6050 21ST ST NO #1 Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714 Title: PD () Delete Title: (X) Change () Addition LOUGHNANE, ROBERT Name: LOUGHNANE, ROBERT Name: Address: 1900 59TH AVE NO Address: 1900 59TH AVE NO #119 City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714 Title: () Delete Title: () Change () Addition NOLAN, BERNADETTE Name: Name: Address: 5970 21ST ST NO Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BUSH, SUSAN Name: Address: 2050 58TH AVE NO. 6 Address: City-St-Zip: SAINT PETERSBURG, FL 33714 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: ROBERT LOUGHNANE PRES 03/20/2009