2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20439

Entity Name: UPARC APARTMENTS, INC.

FILED May 01, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

C/O THOMAS BUCKLEY 1501 N BELCHER RD

1501 N. BELCHER ROAD 249

CLEARWATER, FL 33765 US CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

C/O THOMAS BUCKLEY 1501 N BELCHER RD

1501 N. BELCHER ROAD 249 CLEARWATER, FL 33765 US CLEARWATER, FL 33765

US

FEI Number: 59-2846971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUCKLEY, THOMAS J BUCKLEY, THOMAS J 1501 N. BÉLCHER ROAD 1501 N. BELCHER ROAD US

CLEARWATER, FL 33765 249 CLEARWATER, FL 33765 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: THOMAS J. BUCKLEY 05/01/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SMITH MARION P. STOCK, GREGORY Name: Name: 1884 OAKDALE LANE NO. Address: PO BOX 1038 Address:

City-St-Zip: CLEARWATER, FL City-St-Zip: CRYSTAL BCH, FL 34681

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

LEWIS, MICHAEL Name: GRIFFIN, RYAN Name: Address: 1733 PINE CRK CT Address: PO BOX 1368 City-St-Zip: SAFETY HARBOR, FL City-St-Zip: CLEARWATER, FL 33757

Title: () Delete Title: () Change () Addition BUCKLEY, THOMAS

Name: Name: 6402 BROOK HOLLOW CT Address: Address:

City-St-Zip: TAMPA, FL City-St-Zip:

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

Name: JAMIESON, HARRY Name: KINNEY, ROBERT 6325 RIDGE TOP DR Address: 301 JASMINE WAY Address:

City-St-Zip: CLEARWATER, FL City-St-Zip: NEW PORT RICHEY, FL 34655

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

GAMBLE, CHARLES Name: Name: 1722 HICKORY GATE DR. S. Address: Address: City-St-Zip: DUNEDIN, FL 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

SIGNATURE: THOMAS J. BUCKLEY S 05/01/2009

above, or on an attachment with an address, with all other like empowered.