FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

UM ASSOCIATION, INC.										
Principal Place of Business		Mailing Address				{BB 0 # 0 0 0 0 B B	fûlf Biûll ûtûst ûlûlt	DIDII BAUK		
662 NE OCEAN STUART FL 34 US		662 N.E OCEAN BLVD. STUART FL 34996-1623 US	STUART FL 34996-1623			3. Date Incorporated or Qualified	3a. Date of L			
4 5 0-1-15						12/16/1988	<u> </u>	2/1996		
	lace of Business	2a. Mailing Address			'	£6_0007970 			ied For	
Sulte, Apt. #, etc.		Suite, Ap1. #, etc.							Applicable	
22		27			(5. Certificate of Status Desired		. 75 Add ee Regu		
City & State		City & State				6. Election Campaign Financing		5.00 Ma		
23		28			1	Trust Fund Contribution		dded to f		
Zip Country		Zip	Country			8. This corporation has liability for i				
24	25	29	30	5]		Florida Statutes Yes No				
	9. Name and Address of Currer	nt Registered Agent	81		11	Name and Address of New Rej	gistered Agent			
					1					
KAZMIER, TIMOTHY D.				Street	Address	(P.O. Box Number is Not Acceptab	de)			
	, OCEAN BLVD.		82 Street Add			,				
STUART	FL 34996		83							
,			84	City			FL 85	Zip Coi	de	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE										
SIGNATORE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE	Registered Age	nl signature	e required wh	nen reinstaling)	DATE			
12.		D DIRECTORS	13.		·	ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	DELETE	1.1 TITLE		ļ		☐ Ch	ange [Addition	
NAME	SHINER, HARVEY		1.2 NAME							
STREET ADDRESS			1.3 STREET ADDRESS		1				İ	
CITY-ST-ZIP	STUART FL	DELETE	1.4 CITY - S	1 - ZIP	 			T	Addition	
TITLE	ST COURSED HAD	L_ OCLETE	2.1 TITLE		1		L.J. Chx	ange L	MODITION	
NAME OVERT ADDRESS	SCHAFER, HAL 662 N.E OCEAN BLVD.		2.2 NAME	1000000						
STREET ADDRESS	STUART FL		2.3 STREET		1					
CITY-ST-ZIP TITLE	10ANI FL	DELETE	2. 4 CITY-1	SI-ZIP	7		Chi	anne T	Addition	
NAME	PEPE, VICTOR	<u></u>	3.2 NAME			ABELLA MICHAEL		ungo (
STREET ADDRESS	-002 N.E. OOEAN BLVD.		3.3 STREET	ADDRESS					\	
CITY-ST-ZIP	-STUART-FL		3.4. City-5		STUP	NE DCEAN BLUD PET PL 34996				
TITLE	D	☐ DELETE	4.1 TITLE	<u> </u>			Chi	ange [Addition	
NAME	DIANIS, DAVID		4. 2 NAME							
STREET ADDRESS	662 N.E. OCEAN BLVD.		4.3 STREET	ADDRESS					ļ	
CITY-ST-ZIP	STUART FL		4.4 CHTY-S							
TITLE	VPD	DELETE	5.1 TITLE		1		☐ Cha	ange [Addition	
NAME	BRACKEN, DON		5.2 NAME)	
STREET ADDRESS	662 N.W. OCEAN BLVD.		5.3 STREET	ADDRESS						
CITY-ST-ZIP	STUART FL		5.4 CITY - S	T-2IP						
TITLE		DELETE	6.1 TITLE				☐ Ch	ange [Addition	
NAME			6.2 NAME		1					
STREET ADDRESS			6.3 STREET	address						
CITY-ST-ZIP			6.4 CITY - S	T- <i>7</i> IP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attactor of with an address.

FILED

Apr 28 1997 8:00am

Secretary of State