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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

N37203

(9)

UNITED PROPERTY OWNERS, INC.

ONTE	D FROFE		.no, IIVO.											
Principa! Place	e of Business		Mailing Address								isāri midie Hidit	ALBIA BEBLE EBBL		
P.O. BOX 1768 ELFERS FL 34680				P.O. BOX 1766 ELFERS FL 34680										
										3. Date Incorporated or Qualified 03/19/1990	3a. (Date of Last 03/27/1		
Principal Place of Business				2a. Mailing Address 26						4. FEI Number 65-0187404		—	Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27						5. Certificate of Status Desired			Additional Required	
City & State	е	2	City & State						6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip Country				Zip Country				/		This corporation has liability for intangible tax under s. 199.032,				
4 25				29 30						Florida Statutes				
	9. Name	and Address	of Current Re	gistered A	Agent			,		10. Name and Address of New	Registered	i Agent		
							81	Na	me					
LAMIA,						82	Sti	eet Addr	ress (P.O. Box Number is Not Accepta	able)				
7739 HE						_	╙							
HUDSO	N FL 34667					B3						i		
							84		•		FI		o Code	
 Pursuant for register 	to the provisi	ons of Sections	617.0502 and	617.1508, uch chang	, Florida Statute	es, the a	above-i	name	d corpor	ration submits this statement for the p rd of directors. Thereby accept the ap	urpose of ch	nanging its re	egistered office	
familiar wi	ith, and acce	ot the poligation	Section 6	17.0503, F	lorida Statutes		io corp	JOI GUI	A 1 3 13001	rd of directors. Thereby accept the ap	DUTINI BILL A	is registered	agent rain	
SIGNATURE	YOJE	ph X	ance								812	19	96	
12. /	/Signature typed	or printed name of re	gistered agent and tit CERS AND DIF		(NO		ered Ager	ni signa	lure required	d when reinstating) ADDITIONS/CHANGES TO O	DATE	in nigeria	OS INLAG	
TITLE D	OD		02.107.1100.1	2010110	DELETE		1 TITLE			ALEXANDING OF PANGES TO OF	TIOLING AIN	Change	Addition	
NAME	LAMIA,	JOSEPH			_	- 1	2 NAME						L	
STREET ADDRESS	7739 HE	CTOR				1.	3 STREET	r addr	SS				l	
CITY-ST-ZIP	HUDSO	N FL 34667				1.	4 CITY - S	ST - ZIP					l	
TOTLE	VPD				DELĒTE	2	1 Title					Change	Addition	
NAME	PALAK,		_			2	2 NAME						l	
STREET ADDRESS		XBURY DRIV	Æ			2	3 STREET	r addr	:SS				l	
City-St-ZiP		Y FL 34691					4 CITY-	ST - ZIP						
TITLE	SD	OFFU-WALE	XA.		DELETE		1 TITLE			Sec. D. A.	1	Change	☐ Addition	
NAME		ISLEY, WANE LIFAX DRIVE					2 NAME		7	Michael Palas	ン		ļ	
STREET ADDRESS		ORT RICHEY				1	3 STREET		iss 3	415 Rokburg D.	v.		ļ	
CITY-SI-ZIP TITLE	TD	JIII (NOTICE)	L 04000		DELETE	_	4 CITY -: 1 TITLE	ST-ZIP		Michael Palas Michael Palas Michael Flag	3469	Change	Addition	
NAME		L, PALAK					2 NAME			,		Onlange	Addition	
STREET ADDRESS		XBURY DR					3 STREET	ADDRI	SS					
CITY+ST+ZIP		Y FL 34691					4 CITY-S							
TITLE					DELETE		1 TITLE					Change	Addition	
NAME						5.	2 NAME							
STREET ADDRESS						5	3 STREFT	ADDRI	SS					
CITY - ST - ZIP					Files exc		4 CITY - S	31 - ZIP						
TITLE					DELETE		1 TITLE					Change	Addition	
NAME CIRCLI ADDRESS							2 NAME							
STREET ADDRESS							3 STREET		SS					
CITY-ST-ZIP 14. I do hereb	L ov certify that	the information	supplied with t	his filina is	voluntarily furni	shed ar	4 CITY - S nd. doe	s not	quality to	or the exemption stated in Section 11	0 U3(3)(P) D	orida Statut	ac I further	
certify that	t the informat	ion indicated oi	n this annual re	port or sup	plemental annu	Jai repo	xrtis tr∟	ue ani	accurat	structure exemption stated in section 17 in the and that my signature shall have the sreport as required by Chapter 617, I	e same lega	il effect as if.	made under	