

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90049 046 \*\*\*\*61.25

**DOCUMENT # N40322**

1. Entity Name

**ALADDIN PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3544 SW QUAIL MEADOW TRAIL  
 APT C  
 PALM CITY FL 34990  
 US

3544 SW QUAIL MEADOW TRAIL  
 APT C  
 PALM CITY FL 34990-4649  
 US

2. Principal Place of Business

3. Mailing Address

4957 SE Schooner Oaks W. 4957 se Schooner Oaks Wy.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart, Fl.

City & State

Stuart, Fl. 34997-2552

4. FEI Number

65-0328337

Applied For

Not Applicable

Zip  
 34997-2552

Country  
 U.S.A

Zip

Country  
 U.S.A

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRARY, LAWRENCE E. III  
 555 SOUTHWEST COLORADO AVENUE  
 SUITE 1  
 STUART FL 34994

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 Caroline A. Julian

*Caroline A. Julian*

4-14-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME SINCLAIR, TIMOTHY E  
 STREET ADDRESS 3544 SW QUAIL MEADOW TRAIL, APT C  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE PD  Change  Addition  
 NAME SINCLAIR, TIMOTHY E  
 STREET ADDRESS 4957 SE.SCHOONER OAKS WY.  
 CITY-ST-ZIP STUART, FL. 34997-2552

TITLE VD  Delete  
 NAME ARMSTRONG, GEORGE  
 STREET ADDRESS 4150 NE 16 AVENUE  
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VD  Change  Addition  
 NAME LEVIN, SCOTT  
 STREET ADDRESS 4930 SE SCHOONER OAKS WY.  
 CITY-ST-ZIP STUART, FL. 34997-2552

TITLE STD  Delete  
 NAME BUCKNER, LEWIS  
 STREET ADDRESS 4974 SE HORSESHOE POINT ROAD  
 CITY-ST-ZIP STUART FL 34997

TITLE STD  Change  Addition  
 NAME JULIAN, CAROLINE, A.  
 STREET ADDRESS 5013 SE. SCHOONER OAKS WY.  
 CITY-ST-ZIP STUART, FL. 34997-2552

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caroline A. Julian  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00  
 Date

561-288-3222  
 Daytime Phone #

CR2E037 (9/99)