

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90303 014 \*\*\*\*61.25

**DOCUMENT # N40322**

1. Entity Name

**ALADDIN PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4957 SE SCHOONER OAKS WAY  
 STUART FL 34997  
 US

4957 SE SCHOONER OAKS WAY  
 STUART FL 34997  
 US

2. Principal Place of Business

~~5013 SE Schooner Oaks Way~~ Suite, Apt. #, etc.

3. Mailing Address

~~5013 se. Schooner Oaks Way~~ Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Stuart, Fl.

City & State  
 Stuart, Fl.

4. FEI Number  
 65-0328337

Applied For  
 Not Applicable

Zip Country  
 34997-2552 U.S.A.

Zip Country  
 34997-2552 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* April 26, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SINCLAIR, TIMOTHY E 4957 SE SCHOONER OAKS WAY STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVIN, SCOTT 4957 SE SCHOONER OAKS WAY STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS JULIAN, CAROLINE A 4957 SE SCHOONER OAKS WAY STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clare Levin 4930 SE Schooner Oaks Way Stuart, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Armstrong 5042 SE Schooner Oaks Way Stuart, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caroline A. Julian 5013 SE. Schooner Oaks Way Stuart, FL. 34997-2552	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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

4-26-01 (SS) 288-7074  
 Date Daytime Phone #