


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90120 022 \*\*\*\*61.25

**DOCUMENT # N40322**  
1. Entity Name  
**ALADDIN PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**5013 SE SCHOONER OAKS WAY**      **5013 SE SCHOONER OAKS WAY**  
**STUART FL 34997-2552**      **STUART FL 34997-2552**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**5013 SE. Schooner Oaks Way**      **5013 SE. Schooner Ok Way**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State  
**Stuart, Fl.**      **Stuart, Fl.**

4. FEI Number **65-0328337**      Applied For  
Not Applicable

Zip      Country      Zip      Country  
**34997-2552**      **U.S.A.**      **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Caroline A. Julian*      **Caroline A. Julian**      **04-08-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**       Delete  
NAME **LEVIN, CLARE**  
STREET ADDRESS **4930 SE SCHONNER OAKS WAY**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **PD**       Change       Addition  
NAME **Buckner, Denice**  
STREET ADDRESS **4985 SE. Schooner Oaks Way**  
CITY-ST-ZIP **Stuart, Fl. 34997**

TITLE **VD**       Delete  
NAME **ARMSTRONG, KIM**  
STREET ADDRESS **5042 SE SCHOONER OAKS WAY**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **VD**       Change       Addition  
NAME **Lansidel, Teresa Gomez**  
STREET ADDRESS **4958 SE. Schooner Oaks Way**  
CITY-ST-ZIP **Stuart, Fl. 34997**

TITLE **DTS**       Delete  
NAME **JULIAN, CAROLINE A**  
STREET ADDRESS **5013 SE SCHOONER OAKS WAY**  
CITY-ST-ZIP **STUART FL 34997-2552**

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

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*      **Caroline A. Julian**      **04-08-03**

CR2E037 (10/02)