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

Mailing Address

DOCUMENT # N40322

1. Entity Name

Principal Place of Business

ALADDIN PROPERTY OWNERS ASSOCIATION, INC.

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

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

5013 SE SCHOONER OAKS WAY STUART FL 34997-2552 US			5013 SE SCHOONER OAKS WAY STUART FL 34997-2552 US				 	# 010 11 00100 1111 0 11 0 11	1 1181 1181 11011 1	1 8 40 8 1840 8 188	
2. Principal F	Place of Busin	ess	3. Mailing Address								
•		nooner Oaks W	*	Sch	ooner	· Ok				-1411 41411 4101	IF 81811 1881
Suite, Apt.			Suite, Apt. #, etc.				. –	CHECK HERE	IF MAKING (CHANGES	
City & State			City & State				4. FEI Number 65-0328337 Applied For				
Stuart, Fl.			Stuart, Fl.						t Applicable		
Zip		Country	Zip		untry		5. Certificate o	f Status Desired		8.75 Add	
<u> 34997-2</u>		U.S.A. and Address of Current R	34997-2552	U	S.A.		7 Name and A	Address of New F			
	- D. Name	Bild Addiess of Cultert H	agistered Agent.	्र∏्नीता संस्कृ	Name		C1.:Maine and F	toures or treat,	.eg.oto.eu.rtg		,
ODADY LAWDENOC C. III						N/A			•		
CRARY, LAWRENCE E. III 555 SOUTHWEST COLORADO AVENUE				Street Address ((P.O. Box Number is Not Acceptable)				
	IIIIYESI U	OLUMADO AVENUE									
SUITE 1	EL 24004										
SIUARI	FL 34994			City					FL	Zip Code	е
8. The above named entity submits this statement for the purpose of changing its reg					ad office a	r registers	ad agent or both	in the State of Ele		niliar with	and accept
	e named entity tions of regist		the purpose of chariging its	registen	ea onice o	registere	ed agent, or both	, in the State of Fit	Disca. Talliai	EIIII GE VYILI I,	and accept
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	('All	Him Ola	WIND (Caro	line	A. J	Julian	04-08-	-03		
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	E: Registere	d Agent signat	ture required	when reinstating)		DATE	-,	
7.	11-	$\overline{}$	4								
÷,	· · ·		9. Election Car	nnaian F	inancina		65.00 •	RA:	ke Check	Pavable	to
. Æ	FILE NOW	: FEE IS \$61.25	Trust Fund C				\$5.00 May Be Added to Fees		da Departn		
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10. <		OFFICERS AND DIRE	CTORS	11.		A	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	CTORS IN	10
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		c	☐ Delete	STRI	EET ADDRESS '-ST-ZIP E		<u>-</u>			. Change	☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURANTURIS SIECULOPAC

Caroline A. Julian

04-08-03