2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# N97000000473

Entity Name: UNITED PENINSULA ASSOCIATION, INC.

Current Principal Place of Business:

1129 PARK LANE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

PO BOX 6003
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-3437138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, DON J
1129 PARK LANE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RICHARDS, DON
Address: 1129 PARK LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP
Name: ROLLINS, PAUL
Address: 3991 BAY POINTE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: SEC
Name: SILVER, RUSS
Address: 1194 GRAND POINTE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: TRES
Name: ANDEL, MICHAEL H
Address: 3040 CORAL STRIP PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: PPRE
Name: MCPHERSON, JOE
Address: 1194 GUZEMAN RD
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: DAVID, WOODWORTH
Address: 1656 TIDEWATER LN
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL H. ANDEL TRES 02/09/2012
Electronic Signature of Signing Officer or Director Date