

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:55

DOCUMENT # 716489 (0)

1. Corporation Name
UNIVERSITY VILLAGE APARTMENTS, INC.

Principal Place of Business: 2012 W UNIVERSITY AVE, PO BOX 14425, GAINESVILLE FL 32604
Mailing Address: 2012 W UNIVERSITY AVE, PO BOX 14425, GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1969
3a. Date of Last Report: 04/19/1994
4. FEI Number: 23-7060602
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suits, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25
Country: 29
Country: 30

9. Name and Address of Current Registered Agent
MCDANIEL, R WAYNE
2012 W UNIVERSITY AVE
GAINESVILLE, FL
32604

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHAFFER, GERALD
STREET ADDRESS	4520 NW 18TH PLACE
CITY - ST - ZIP	GAINESVILLE, FL 00000
TITLE	SD
NAME	MCDANIEL, R WAYNE
STREET ADDRESS	2012 W UNIVERSITY AVE
CITY - ST - ZIP	GAINESVILLE, FL 00000
TITLE	VPD
NAME	CANTRELL, FRED H.
STREET ADDRESS	1845 NW 19TH CIRCLE
CITY - ST - ZIP	GAINESVILLE, FL 00000
TITLE	P
NAME	POWERS, EARL P
STREET ADDRESS	3501 W UNIVERSITY AVE
CITY - ST - ZIP	GAINESVILLE, FL 00000
TITLE	D
NAME	GRIMM, JAMES
STREET ADDRESS	125 SW 80TH DR.
CITY - ST - ZIP	GAINESVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R Wayne McDaniel R WAYNE MCDANIEL 1-25-95 904/392-1905
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Date of Filing