

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified <b>05/02/1969</b>	3a. Date of Last Report <b>02/03/1995</b>
4. FEI Number <b>23-7060602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>MCDANIEL, R WAYNE 2012 W UNIVERSITY AVE GAINESVILLE, FL 32604</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
	85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *R Wayne McDaniel* **R. WAYNE MCDANIEL, SECRETARY** 1-23-96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: <b>SCHAFFER, GERALD</b> STREET ADDRESS: <b>4520 NW 18TH PLACE</b> CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b>	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: <b>MCDANIEL, R WAYNE</b> STREET ADDRESS: <b>2012 W UNIVERSITY AVE</b> CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b>	<input type="checkbox"/> DELETE	12 NAME	
VPD NAME: <b>CANTRELL, FRED H.</b> STREET ADDRESS: <b>1645 NW 19TH CIRCLE</b> CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b>	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
P NAME: <b>POWERS, EARL P</b> STREET ADDRESS: <b>3501 W UNIVERSITY AVE</b> CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b>	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
D NAME: <b>GRIMM, JAMES</b> STREET ADDRESS: <b>125 SW 80TH DR.</b> CITY-ST-ZIP: <b>GAINESVILLE, FL 00000</b>	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 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 119.07(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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R Wayne McDaniel* **R. WAYNE MCDANIEL** 1-23-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E037 (12/95)