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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/02/1969	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 23-7060602	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Country
24 Country	29 Zip
25 Zip	30 Country

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHAFFER, GERALD	
STREET ADDRESS	4520 NW 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCDANIEL, R WAYNE	
STREET ADDRESS	2012 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CANTRELL, FRED H.	
STREET ADDRESS	1645 NW 19TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	POWERS, EARL P	
STREET ADDRESS	3501 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMM, JAMES	
STREET ADDRESS	125 SW 80TH DR.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
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 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 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 M. Daniel* 3-2-98

CR2E037 (10/97)