


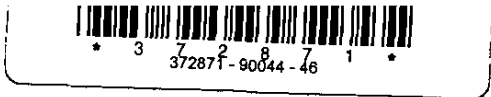
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90069 016 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716489**  
 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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2. Principal Place of Business 21 UNIVERSITY HOUSING OFFICE Suite, Apt. #, etc. 22 PO Box 112100 City & State 23 GAINESVILLE, FL Zip 24 32611-2100	2a. Mailing Address 26 UNIVERSITY HOUSING OFFICE Suite, Apt. #, etc. 27 PO Box 112100 City & State 28 GAINESVILLE, FL Zip 29 32611-2100	Country 25 USA 30 USA	3. Date Incorporated or Qualified 05/02/1969	4. FEI Number 23-7060602	Applied For Not Applicable
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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 C. Arthur Sandeen 82 Street Address (P.O. Box Number is Not Acceptable) 2201 NW 22nd St 83 84 City Gainesville, FL 85 Zip Code 32605
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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 Arthur Sandeen Arthur Sandeen 3/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAFER, GERALD 4520 NW 18TH PLACE GAINESVILLE, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	BOARD MEMBER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDANIEL, R WAYNE 2012 W UNIVERSITY AVE GAINESVILLE, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kruczek, John 5528 NW 45th Lane Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANTRELL, FRED H. 1645 NW 19TH CIRCLE GAINESVILLE, FL 00000 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cantrell, Fred H, Jr. 4721 NW 16th P1 Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, EARL P 3501 W UNIVERSITY AVE GAINESVILLE, FL 00000 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMM, JAMES 125 SW 80TH DR. GAINESVILLE, FL 00000 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECRETARY S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PRESIDENT P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kratzer, David 268 Turkey Creek Alachua, FL 32615

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, with all other like empowered.

SIGNATURE: JAMES C. GRIMM 3/19/99 11:20am 392-216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #