

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90009 034 ****61.25

DOCUMENT # 716489
 1. Entity Name
UNIVERSITY VILLAGE APARTMENTS, INC.



Principal Place of Business
**155-B TIGERT HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE, FL 32611-2100**

Mailing Address
**P.O. BOX 112100
 GAINESVILLE, FL 32611-2100**

34005001



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7060602

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROLLO, J. MICHAEL DR.
 155-B TIGERT HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE, FL 32611-2100**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **J MICHAEL ROLLO** *J Michael Rollo* DATE

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

Filing Fee Is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POPPELL, JOHN E	
STREET ADDRESS	6125 NW 58TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KRUCZEK, JOHN	
STREET ADDRESS	5528 NW 45TH LN	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, ROBERT W	
STREET ADDRESS	2912 NW 25TH TERR.	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNKEL, NORBERT W	
STREET ADDRESS	3519 NW 27TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRATZER, DAVID	
STREET ADDRESS	268 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKee, Michael V	
STREET ADDRESS	3910 NW 67th PL	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NORBERT W. DUNKEL** *Norbert W. Dunkel* Date **1-12-04** Daytime Phone # **352-392-2161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR