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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755039** **(5)**

1. Corporation Name

THE UNIVERSITY PARK NEIGHBORHOOD ASSOCIATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1624 NW 7TH PLACE~~ GAINESVILLE FL 32603	~~1624 NW 7TH PLACE~~ GAINESVILLE FL 32603

3. Date Incorporated or Qualified: **11/07/1980** 3a. Date of Last Report: **06/15/1994**

4. FEI Number: **59-2834827** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 **1507 N.W. 7TH AVE.**	2a. Mailing Address 26 **P.O. BOX 12103**
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 **UNIVERSITY STATION**
City & State 23 **GAINESVILLE, FL.**	City & State 28 **GAINESVILLE, FL**
Zip / Country 24 **32603** / 25 **USA**	Zip / Country 29 **32604** / 30 **USA**

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PFAFF, PATRICIA C. 1624 NW 7TH PLACE GAINESVILLE FL 32603	91 Name: **BERNARD MURPHY** 92 Street Address (P.O. Box Number is Not Acceptable) 93 **1507 N.W. 7TH AVENUE** 94 City: **GAINESVILLE** **FL** 95 Zip Code: **32603**

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: **BERNARD MURPHY** **Bernard Murphy** **PRESIDENT** **4.19.95**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must sign personally when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ P ~~HILKER, MARY ANNE~~ BERNARD MURPHY ~~4691 NW 11TH RD.~~ 1507 N.W. 7TH AVE. ~~GAINESVILLE FL~~ GAINESVILLE FL 32603	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D JOAN BEER 925 N.W. 22ND STREET GAINESVILLE, FL 32603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D WILSON, DAVE ~~1434 N.W. 7TH ROAD~~ 1905 N.W. 7TH LANE GAINESVILLE FL 32603	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ARNALL DOWNS D 2250 N.W. 8TH AVENUE GAINESVILLE, FL 32603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAU, TOM 304 NW 24TH STREET GAINESVILLE FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	MICHELLE JENSEN D 1011 N.W. 21ST STREET GAINESVILLE FL 32605	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ DVT PFAFF, PATRICIA C. 1624 NW 7TH PLACE GAINESVILLE FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VIRGINIA REHMANN D 1710 N.W. 7TH PLACE GAINESVILLE, FL. 32603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALAN BARNES ~~RIDER, TOM~~ 2135 N.W. 3RD PLACE ~~410 N.W. 10TH ST.~~ GAINESVILLE, FL 32603 ~~GAINESVILLE FL~~	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	CATHY BIRDSONG D 740 N.W. 20TH STREET GAINESVILLE FL. 32603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: **Bernard Murphy** **4.19.95** **904.376.0337**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

BERNARD MURPHY, PRESIDENT