


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755039</b> 1. Entity Name <b>THE UNIVERSITY PARK NEIGHBORHOOD ASSOCIATION, INCORPORATED</b>	
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Principal Place of Business <b>1507 N. W. 7TH AVENUE GAINESVILLE, FL 32603 US</b>	Mailing Address <b>P. O. BOX 12103 UNIVERSITY STATION GAINESVILLE, FL 32604 US</b>
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04092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2834827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SCHNELL, LARRY 2048 NW 7TH LN GAINESVILLE, FL 32603</b>
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

000000110644  
04/12/04-80092-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHNELL, LARRY 2048 NW 7TH LANE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, HUNT 1812 NW 6TH AVE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHMID, JOE 1735 NW 7TH PL GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HURTAK, DIANE 1729 NW 8TH AVE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** Diane M. Hurtak Diane M. Hurtak 4/10/04 (352) 392-0765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #