2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755039

FILED Apr 29, 2008 Secretary of State

Entity Name: THE UNIVERSITY PARK NEIGHBORHOOD ASSOCIATION, INCORPORATED

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	7TH PLACE LLE, FL 32603	US		
Current Mailing Address:		New Mailing Address:		
	12103 TY STATION LLE, FL 32604	US		
El Number:	: 59-2834827	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
CLINICLE				
048 NW 7 AINESVI he above	7TH LN LLE, FL 32603 named entity s		ourpose of changing its registere	ed office or registered agent, or both,
048 NW 7 AINESVI he above the State	TH LN LLE, FL 32603 named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
048 NW 7 AINESVI he above the State	TH LN LLE, FL 32603 named entity s e of Florida. RE:			ed office or registered agent, or both, Date
the above the State	TH LN LLE, FL 32603 named entity s e of Florida. RE:	ubmits this statement for the control of the control of Registered Ag	ent	
048 NW 7 AINESVI he above the State	TH LN LLE, FL 32603 named entity se of Florida. RE: Electroni	ubmits this statement for the control of the control of Registered Agronal of Registered	ent	Date
D48 NW TAINESVI THE ABOVE THE STATE FFICERS ILE: THE STATE THE	ramed entity see of Florida. RE: Electroni S AND DIRECT PD () HARNSBERGER 402 NW 24TH S GAINESVILLE, F	ubmits this statement for the control of the control of Registered Agronal of Registered	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE HURTAK D 04/29/2008