

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1988.
AMOUNT DUE ON OR BEFORE 8/8/88: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767482

(3)

1. Corporation Name

UNIVERSITY MAPLEWOOD TOWNHOUSES ASSOCIATION, INC

Principal Place of Business

Mailing Address

9690 N.W. 14TH STREET
CORAL SPRINGS FL 33071

9690 N.W. 14TH STREET
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1983

3a. Date of Last Report

04/14/1994

4. FBI Number

59-2512205

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 ☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, ROBERT
9734 NW 14TH ST
CORAL SPRINGS FL 33071

81 Name

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

83

84 City

FL

85 Zip Code

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

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	VD
NAME	MITCHELL, FRED
STREET ADDRESS	9754 N.W. 14TH STREET
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	PD
NAME	REYNOLDS, BOB
STREET ADDRESS	9734 N.W. 14TH STREET
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	TD
NAME	SMITH, PATRICIA
STREET ADDRESS	9784 N.W. 14TH STREET
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	SD
NAME	PALERMO, TERESA
STREET ADDRESS	9808 NW 14TH ST
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	D
NAME	LORNA NAAR
STREET ADDRESS	9796 NW 14TH ST.
CITY - ST - ZIP	CORAL SPRINGS, FL. 33071
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	RANDY BURDEN	
1.3 STREET ADDRESS	9762 NW 14TH ST.	
1.4 CITY - ST - ZIP	CORAL SPRINGS, FL. 33071	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	DIANE HAWS	
2.3 STREET ADDRESS	9768 NW 14TH ST.	
2.4 CITY - ST - ZIP	CORAL SPRINGS, FL. 33071	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(b), 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 my address.

SIGNATURE: *Bob Reynolds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOB REYNOLDS

Date

Daytime Phone #