

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767482 (3)
1. Corporation Name
UNIVERSITY MAPLEWOOD TOWNHOUSES ASSOCIATION, INC



Principal Place of Business: **9698 N.W. 14TH STREET CORAL SPRINGS FL 33071**
Mailing Address: **9698 N.W. 14TH STREET CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified: **03/15/1983**
3a. Date of Last Report: **07/13/1995**
4. FEI Number: **59-2512205**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, ROBERT
8734 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BURDEN, RANDY | |
| STREET ADDRESS | 8754 N.W. 14TH STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAWS, DIANE | |
| STREET ADDRESS | 9768 NW 14TH STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SMITH, PATRICIA | |
| STREET ADDRESS | 9784 N.W. 14TH STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PALERMO, TERESA | |
| STREET ADDRESS | 9808 NW 14TH ST | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NAAR, LORNA | |
| STREET ADDRESS | 9796 NW 14TH STREET | |
| CITY-ST-ZIP | CORAL SPRINGS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Fred Mitchell | |
| 1.3 STREET ADDRESS | 9754 NW 14th St. | |
| 1.4 CITY-ST-ZIP | Coral Springs, FL 33071 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Robert Reynolds | |
| 6.3 STREET ADDRESS | 9743 NW 14th St. | |
| 6.4 CITY-ST-ZIP | Coral Springs, FL 33071 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 19.07(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 an address.

SIGNATURE: Patricia D. Smith 3-22-96 954-752-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)