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**Apr 15 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
9698 N.W. 14TH STREET CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified **03/15/1983** 3a. Date of Last Report **03/29/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2512205 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**REYNOLDS, ROBERT
9734 NW 14TH ST
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent
81 Name **Teresa Palermo**
82 Street Address (P.O. Box Number is Not Acceptable) **9808 NW 14th St**
83
84 City **Coral Springs** FL 85 Zip Code **33066**

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 **Teresa Palermo** DATE **4/11/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, FRED
STREET ADDRESS	9754 NW 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	PD <input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, ROBERT
STREET ADDRESS	9743 NW 14TH STREET
CITY - ST - ZIP	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. Siansky, Larry
6.3 STREET ADDRESS	9728 NW 14th St
6.4 CITY - ST - ZIP	Coral Springs FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(d), 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 **Teresa Palermo** **954-755-0296**

CR2E037 (9/96)