

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

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 017 ****61.25

DOCUMENT # N00000002645

1. Entity Name
UNIVERSITY DRIVE OWNER'S ASSOCIATION, INC.



Principal Place of Business
**2202 ABBEY COURT
ALPHARETTA, GA 30004**

Mailing Address
**2202 ABBEY COURT
ALPHARETTA, GA 30004**

54008984



02042004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
58-2570338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARPENTER, RICHARD W JR
STREET ADDRESS	2202 ABBEY COURT
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	D
NAME	BYRD, ALIYAH
STREET ADDRESS	2002 ABBEY COURT
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	D
NAME	THOMAS, KENNETH W
STREET ADDRESS	2202 ABBEY COURT
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Aliyah Byrd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-Feb-04 *770-410-0888*
Date Daytime Phone #