


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N00000002645</b> 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
---	---

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2570338	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

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

1100000237079  
02/21/05-80046-001 61.25

**DO NOT WRITE  
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)(f), 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

<b>SIGNATURE:</b>  Aliyah Byrd	28 JAN-05 770-410-0888
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>