

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 018 ****61.25

DOCUMENT # N00000003460

1. Entity Name
**UNIVERSAL BOULEVARD PROPRETY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**9751 UNIVERSAL BLVD
ORLANDO, FL 32819**

Mailing Address
**9751 UNIVERSAL BLVD
ORLANDO, FL 32819**

50005783



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3651430

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL FLORID
390 N. ORANGE AVE., STE. 1100
ORLANDO, FL 32801**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME **P WATSON, MARC**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☒ Addition

NAME **D GORB, BRAD**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete

NAME **D THOMAS, STANLEY E**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☒ Addition

NAME **~~BAUM, DEREK~~**
STREET ADDRESS **~~9751 U~~**
CITY-ST-ZIP **~~ORLANDO, FL 32819~~**

TITLE ☐ Delete

NAME **VP WILLIAMS, BRUCE**
STREET ADDRESS **975 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☒ Addition

NAME **D, T, S BAUM, DEREK**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☒ Delete

NAME **VPT TOOHEY, GARRIT**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☒ Addition

NAME **D LEE, STEPHEN**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☒ Delete

NAME **VPS WYNNE, CONNIE**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☒ Change ☐ Addition

NAME **D WYNNE, CONNIE**
STREET ADDRESS **9751 UNIVERSAL BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2006

Date

Daytime Phone #