


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90105 036 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES OF CENTRAL FLORID**  
**390 N. ORANGE AVE., STE. 1100**  
**ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WATSON, MARC	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, STANLEY E	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, BRUCE	
STREET ADDRESS	975 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, STEPHEN	
STREET ADDRESS	9757 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYNNE, CONNIE	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	BAUM, DEREK	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BRUCE	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN HELSER	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAD GOEB	
STREET ADDRESS	9751 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M. Watson* **01-18-07** **407-226-3214**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #