

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90136 016 \*\*\*\*61.25

DOCUMENT # **N02000003693**



1. Entity Name  
**THE ESTATES OF LAKEVIEW VILLAGE HOMEOWNERS' ASSO  
CIATION, INC.**

Principal Place of Business Mailing Address  
**4904 EISENHOWER BLVD STE 150 4904 EISENHOWER BLVD STE 150  
TAMPA FL 33634 TAMPA FL 33634**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address  
**UNIVERSITY PROPERTIES, INC University Properties Inc**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**7001 Temple Terrace Hwy 7001 Temple Terrace Hwy**  
City & State City & State  
**Temple Terrace FL Temple Terrace FL**

4. FEI Number Applied For  
**48-1279833** Not Applicable

Zip Country Zip Country  
**33637 Hillsborough 33637 Hillsborough**

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

6. Name and Address of Current Registered Agent  
~~**RUSH, RANDOLPH J**~~  
~~**250 PARK AVE S 5TH FL**~~  
~~**WINTER PARK FL 32789**~~

7. Name and Address of New Registered Agent  
Name **Duarte, Antonio III**  
Street Address (P.O. Box Number is Not Acceptable)  
**11959 N Florida Ave**  
City **Tampa** FL Zip Code **33612**

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 **Antonio Duarte III** DATE **1/31/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIKORSKI, FRED</b> <b>4904 EISENHOWER BLVD</b> <b>TAMPA FL 33643</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPADA, MARK</b> <b>4904 EISENHOWER BLVD</b> <b>TAMPA FL 33643</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTORO, CHRIS</b> <b>4904 EISENHOWER BLVD</b> <b>TAMPA FL 33643</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CHRIS SANTORO** **3.6.03** **290-7900**

CR2E037 (10/02)