


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000005240**

1. Entity Name  
**RESIDENTS OF UNIVERSITY VILLAGE EMPLOYEE SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business      Mailing Address

12401 N. 22ND ST.  
 APT. A-701  
 TAMPA, FL 33612

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 TAMPA, FL 33612

**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1183950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

8. Name and Address of Current Registered Agent

**HINES, JAMES P ESQ.**  
**315 S. HYDE PARK AVE.**  
**TAMPA, FL 33606**

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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 *James P Hines*      DATE 3-2-06

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLOWE, HENRY <i>Henry Vallowe</i> 12401 N. 22ND ST. - APT. A-701 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROGER <i>Roger J. Smith</i> 12401 N. 22ND ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRED, NELSON <i>Nelson Eldred</i> 12401 N. 22ND ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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10000045125  
 03/16/06 80031-023 61.25

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 live 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: *Henry Vallowe*      Date 02-24-06      (813)975 5579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #