

**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

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

Mailing Address

12401 N. 22ND ST.
APT. A-701
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 ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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

James P. Hines
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-06

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

Henry Vallowe

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SMITH, ROGER
12401 N. 22ND ST.
TAMPA, FL 33612

Roger L. Smith

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ELDRED, NELSON
12401 N. 22ND ST.
TAMPA, FL 33612

Nelson Eldred

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000045125
03/16/06 80031-023 61.25

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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:

Henry Vallowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-06 / *813/975 5579*
Date Daytime Phone