

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
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



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VALLOWE, HENRY
STREET ADDRESS 12401 N. 22ND ST. - APT. A-701
CITY-ST-ZIP TAMPA, FL 33612

TITLE D
NAME SMITH, ROGER
STREET ADDRESS 12401 N. 22ND ST.
CITY-ST-ZIP TAMPA, FL 33612

TITLE D
NAME ELDRED, NELSON
STREET ADDRESS 12401 N. 22ND ST.
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/13/07-80030-010 61.25

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IN THIS SPACE**

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:

Nelson E. Eldred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2007 (813) 975-5827

Date

Daytime Phone #