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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46798

1. Corporation Name

UNIVERSITY OAKS LAND CONDOMINIUM OWNER'S ASSOCIATION, INC.

Principal Place of Business

% THE BYWATER COMPANY
 600 COURTLAND STREET, SUITE 550
 ORLANDO FL 32804

Mailing Address

% THE BYWATER COMPANY
 600 COURTLAND STREET, SUITE 550
 ORLANDO FL 32804



2. Principal Place of Business

21 Research & Development Ind.

Suite, Apt. #, etc.
 959 Explorer Cove

City & State

23 Altamonte Springs, FL

Zip

32701

Country

25 Seminole

2a. Mailing Address

2a Research & Development Ind.

Suite, Apt. #, etc.

27 P.O. Box 151046

City & State

28 Altamonte Springs, FL

Zip

32715

Country

30 Seminole

3. Date Incorporated or Qualified

01/14/1992

4. FEI Number

59-3172018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BYWATER, WILLIAM G
 THE BYWATER COMPANY
 600 COURTLAND STREET, SUITE 550
 ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
 Harold R. Decker

82 Street Address (P.O. Box Number is Not Acceptable)

513 Spring Valley Rd

83 P.O. Box 151046

City

Altamonte Springs

FL

85 Zip Code

32715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Harold R. Decker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D DECKER, HAROLD R.

P.O. Box 151046

513 Springs Valley Rd.

Altamonte Springs, FL 32715

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold R. Decker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

(407) 774-0660

CR2E037 (11/98)