2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N46798

1. Entity Name
UNIVERSITY OAKS LAND CONDOMINIUM OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RESEARCH & DEVELOPMENT IND. 989 EXPLORER COVE STE 130 ALATMONTE SPRINGS, FL 32701 US	RESEARCH & DEVELOPMENT IND. P.O. BOX 151046 ALATMONTE SPRINGS, FL 32715 US

DO NOT WRITE IN THIS SPACE

04172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3172018
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DECKER, HAROLD R
513 SPRING VALLEY RD
P.O. BOX 151046
ALTAMONTE SPRINGS, FL 32715

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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 _____ DATE
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOHOLOWSKI, MARK
STREET ADDRESS	DARROCH, INC., 11883 HIGH TECH AVENUE
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D
NAME	MINTER, JUDITH A
STREET ADDRESS	FISHKIND & ASSOCIATES 11869 HIGH TECH AVE.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	D
NAME	MARTIN, LUIS
STREET ADDRESS	11875 HIGH TECH AVE.
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	DP
NAME	DECKER, HAROLD R
STREET ADDRESS	P.O. BOX 151046, 513 SPRINGS VALLEY RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32715
TITLE	D
NAME	BLANCHET, EDUARDO
STREET ADDRESS	8013 RIDGE WAY
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320585
04/21/05-80042-010 61.25

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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: _____ 4-18-2005 (407) 774-0662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #