2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 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

05132006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 September 6, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOHOLOWSKI, MARK DARROCH, INC., 11883 HIGH TECH AVENUE ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000567347 06/19/06-80006-002 61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINTER, JUDITH A FISHKIND & ASSOCIATES 11869 HIGH TECH AVE. ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, LUIS 11875 HIGH TECH AVE. ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DECKER, HAROLD R P.O. BOX 151046, 513 SPRINGS VALLEY RD ALTAMONTE SPRINGS, FL 32715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCHET, EDUARDO 8013 RIDGE WAY ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Harold R. Decker, President 6-14-2006 (407) 774-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #