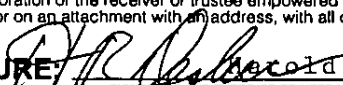


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 RESEARCH & DEVELOPMENT IND. 989 EXPLORER COVE STE 130 ALATMONTE SPRINGS, FL 32701 US			Mailing Address RESEARCH & DEVELOPMENT IND. P.O. BOX 151046 ALATMONTE SPRINGS, FL 32715 US		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DECKER, HAROLD R 513 SPRING VALLEY RD P.O. BOX 151046 ALTAMONTE SPRINGS, FL 32715				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SOHOLOWSKI, MARK		NAME		
STREET ADDRESS	DARROCH, INC., 11883 HIGH TECH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MINTER, JUDITH A		NAME		
STREET ADDRESS	FISHKIND & ASSOCIATES 11869 HIGH TECH AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARTIN, LUIS		NAME		
STREET ADDRESS	11875 HIGH TECH AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DECKER, HAROLD R		NAME		
STREET ADDRESS	P.O. BOX 151046, 513 SPRINGS VALLEY RD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32715		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BLANCHET, EDUARDO		NAME		
STREET ADDRESS	8013 RIDGE WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			R. Decker, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6-14-2006 Daytime Phone # (407) 774-0660		