# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2008**
**Secretary of State**

DOCUMENT# N46798

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

**Current Principal Place of Business:**

RESEARCH & DEVELOPMENT IND.
989 EXPLORER COVE STE 130
ALATMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

RESEARCH & DEVELOPMENT IND.
998 EXPLORER COVE SUITE 130
ALATMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number: 59-3172018** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DECKER, HAROLD R
513 SPRING VALLEY ROAD
998 EXPLORER COVE
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | SOHOLOWSKI, MARK | |
| Address: | 11883 HIGH TECH AVENUE | |
| City-St-Zip: | ORLANDO, FL 32817 | |
| Title: | D | ( ) Delete |
| Name: | LANA, LIU Y | |
| Address: | 11869 HIGH TECH AVENUE | |
| City-St-Zip: | ORLANDO, FL 32817 | |
| Title: | D | ( ) Delete |
| Name: | CYRIL, SHEPARD | |
| Address: | 11875 HIGH TECH AVE. | |
| City-St-Zip: | ORLANDO, FL 32817 | |
| Title: | DP | ( ) Delete |
| Name: | DECKER, HAROLD R | |
| Address: | 998 EXPLORER COVE SUITE 130 | |
| City-St-Zip: | ALTAMONTE SPRINGS, FL 32715 | |
| Title: | D | ( ) Delete |
| Name: | BLANCHET, EDUARDO | |
| Address: | 8013 RIDGE WAY | |
| City-St-Zip: | ORLANDO, FL 32817 | |
| Title: | D | ( ) Delete |
| Name: | STEEDLE, MICHAEL | |
| Address: | 11873 HIGH TECH AVENUE | |
| City-St-Zip: | ORLANDO, FL 32817 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD R. DECKER PD 04/25/2008

Electronic Signature of Signing Officer or Director — Date