

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762225 (1)

1. Corporation Name

UNIVERSITY PARK BLOCKS 21 THROUGH 25 HOMEOWNER'S
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1750 S.W. 85 TERR.
MIRAMAR FL 330251750 S.W. 85 TERR.
MIRAMAR FL 33025-51053. Date Incorporated or Qualified
06/02/19823a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

4. FEI Number

59-2352252

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SILLS, RAY
1750 S.W. 85 TERR.
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILLS, RAY	
STREET ADDRESS	1750 S.W. 85 TERR.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADKINSON, PENNY	
STREET ADDRESS	1760 SW 87TH TERR	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTEN, SCOTT	
STREET ADDRESS	1740 SW 85TH TERR	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	BENEDICT, STEVE	
STREET ADDRESS	1730 S 85 TERR	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAJOR, CLARK	
STREET ADDRESS	1711 SW 87 TERR	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	STENNANK, TERRI	
STREET ADDRESS	1710 SW 85 TERR	
CITY - ST - ZIP	MILAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIM HALL	
1.3 STREET ADDRESS	1710 SW 86 TERR	
1.4 CITY - ST - ZIP	MIRAMAR FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIKE MILLS	
2.3 STREET ADDRESS	1700 SW 87 TERR	
2.4 CITY - ST - ZIP	MIRAMAR FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIZ BOLLING	
3.3 STREET ADDRESS	1740 SW 87 AVE	
3.4 CITY - ST - ZIP	MIRAMAR FL	
4.1 TITLE	NANCY SHAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1700 SW 87 AVE	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *[Signature]* S: 11s 954-432-0564

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone * 0023895

CR2E037 (9/96)