

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90085 038 \*\*\*\*61.25

0024239

**DOCUMENT # 762225**

1. Corporation Name

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

Principal Place of Business

1750 S.W. 85 TERR.  
MIRAMAR FL 33025

Mailing Address

1750 S.W. 85 TERR.  
MIRAMAR FL 33025

467625 - 90085 - 38



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/02/1982

4. FEI Number

59-2352252

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 *F. Ray Sills* F. Ray Sills

4-24-99

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 checked="" type="checkbox"/> DELETE
NAME	PORTEN, SCOTT	
STREET ADDRESS	1740 SW 85TH TERR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TS E	<input type="checkbox"/> DELETE
NAME	MCLARTY, CARL	
STREET ADDRESS	1711 SW 86 AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLS, MIKE	
STREET ADDRESS	1700 SW 87 TERR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLLING, LIZ	
STREET ADDRESS	1740 SW 87 AVE	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDRA MCLARTY
1.3 STREET ADDRESS	1711 SW 86 AVE
1.4 CITY-ST-ZIP	MIRAMAR FL 33025
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D. PATRICK WILLIAMS
2.3 STREET ADDRESS	1720 SW 85 TERR
2.4 CITY-ST-ZIP	MIRAMAR FL 33025
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATTY STANLEY
3.3 STREET ADDRESS	1720 SW 87 TERR
3.4 CITY-ST-ZIP	MIRAMAR FL 33025
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NANCY STAY
4.3 STREET ADDRESS	1700 SW 87 AVE
4.4 CITY-ST-ZIP	MIRAMAR FL 33025
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEI SILLS
5.3 STREET ADDRESS	1750 SW 85 TERR
5.4 CITY-ST-ZIP	MIRAMAR FL 33025
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 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, with all other like empowered.

SIGNATURE: *F. Ray Sills* F. Ray Sills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 954-422-0564

Date

Daytime Phone #

CR2E037 (11/98)