

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755039

Entity Name: THE UNIVERSITY PARK NEIGHBORHOOD ASSOCIATION,
INCORPORATED

Current Principal Place of Business:

2106 NW 4TH PLACE
GAINESVILLE, FL 32603

Current Mailing Address:

P. O. BOX 12103
UNIVERSITY STATION
GAINESVILLE, FL 32604 US

FEI Number: 59-2834827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWKINS, THOMAS SR.
2106 NW 4TH PLACE
GAINESVILLE, FL 32603 US

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

Officer/Director Detail :

Title PD
Name COHEN, ROBERT
Address 1515 NW 7 PLACE
City-State-Zip: GAINESVILLE FL 32603

Title TD
Name WILSON, DAVID
Address 1905 NW 7TH LANE
City-State-Zip: GAINESVILLE FL 32603

Title SD
Name MACDONALD, KATHERINE
Address 2223 NW 1ST AVENUE
City-State-Zip: GAINESVILLE FL 32603

Title VP
Name HOLT, LYNNE
Address 1644 NW 10TH AVENUE
City-State-Zip: GAINESVILLE FL 32605

Title D
Name GREEN, FRANK III
Address 423 NW 21ST STREET
City-State-Zip: GAINESVILLE FL 32603

Title D
Name SIERRA, ROSE
Address 727 NW 19TH STREET
City-State-Zip: GAINESVILLE FL 32603

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE MACDONALD

SD

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date