

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90014 027 ****61.25

DOCUMENT # 703527 1. Entity Name THE UNIVERSITY PARK CIVIC ASSOCIATION, INC.					
Principal Place of Business 5734 ST ISABEL DR P.O. BOX 11114 JACKSONVILLE, FL 32239 US				Mailing Address 5734 ST ISABEL DR P.O. BOX 11114 JACKSONVILLE, FL 32239 US	
2. Principal Place of Business - No P.O. Box # 3930 LOCHLAURAL DR.		3. Mailing Address 3930 LOCHLAURAL DR.			
Suite, Apt. #, etc. P.O. BOX 11114		Suite, Apt. #, etc. P.O. BOX 11114			
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FL			
Zip 32239		Zip 32239			
Country DOVAL		Country DOVAL		02062008 Chg-NP CR2E037 (12/06)	
4. FEI Number 23-7446337				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELTON, GAIL E 5734 ST ISABEL DR JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent -- Name MICHAEL STEVENSON Street Address (P.O. Box Number is Not Acceptable) 3930 LOCHLAURAL DR. City JACKSONVILLE FL Zip Code 32277	
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. SIGNATURE 2/10/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GEIGER, JAMES 5343 RIVERRON RD JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEIGER, JAMES 5343 RIVERTON RD JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELTON, GAIL 5734 ST ISABEL DR JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONDERMAN, LAUREL 3930 MASS OAK DRIVE JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL STEVENSON 3930 LOCHLAURAL DR. JACKSONVILLE, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, EARL 5514 DARLOW AV. JACKSONVILLE, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: EARL J. KELLY 2/10/08 904-744-0885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					