

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703527

FILED
Feb 01, 2009
Secretary of State

Entity Name: THE UNIVERSITY PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

3930 LOCHLAURAL DR.
P.O. BOX 11114
JACKSONVILLE, FL 32239 US

New Principal Place of Business:

5343 RIVERTON RD
JACKSONVILLE, FL 32277 US

Current Mailing Address:

3930 LOCHLAURAL DR.
P.O. BOX 11114
JACKSONVILLE, FL 32239 US

New Mailing Address:

5343 RIVERTON RD
JACKSONVILLE, FL 32277 US

FEI Number: 23-7446337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENSON, MICHAEL
3930 LOCHLAUREL DR.
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

GEIGER, JAMES
5343 RIVERTON RD.
JACKSONVILLE, FL 32277 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: JAMES GEIGER

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEIGER, JAMES
Address: 5343 RIVERRON RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: STEVENSON, MICHAEL
Address: 3930 LOCHLAURAL DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: KELLY, EARL
Address: 5514 DARLOW AV.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: SD () Delete
Name: CONDERMAN, LAUREL
Address: 3930 MASS OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WEY, ED
Address: 5239 RIVER PARK RD
City-St-Zip: JACKSONVILLE, FL 32277

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: EARL KELLY

TD

02/01/2009

Electronic Signature of Signing Officer or Director

Date