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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90069 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716489**

1. Corporation Name

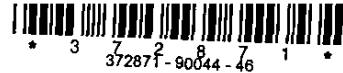
**UNIVERSITY VILLAGE APARTMENTS, INC.**

Principal Place of Business

2012 W UNIVERSITY AVE  
 PO BOX 14425  
 GAINESVILLE FL 32604

Mailing Address

2012 W UNIVERSITY AVE  
 PO BOX 14425  
 GAINESVILLE FL 32604



2. Principal Place of Business 21 UNIVERSITY HOUSING OFFICE Suite, Apt. #, etc. 22 PO Box 112100 City & State 23 GAINESVILLE, FL Zip Country 24 32611-2100 25 USA	2a. Mailing Address 26 UNIVERSITY HOUSING OFFICE Suite, Apt. #, etc. 27 PO Box 112100 City & State 28 GAINESVILLE, FL Zip Country 29 32611-2100 30 USA	3. Date Incorporated or Qualified 05/02/1969 4. FEI Number 237060602 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**MCDANIEL, R WAYNE**  
**2012 W UNIVERSITY AVE**  
**GAINESVILLE, FL**  
**32604**

10. Name and Address of New Registered Agent

81 Name	C. Arthur Sandeen
82 Street Address (P.O. Box Number is Not Acceptable)	2201 NW 22nd St
83	
84 City	Gainesville, FL
85 Zip Code	32605

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 Arthur Sandeen DATE 3/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	BOARD MEMBER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, GERALD	1.2 NAME	
STREET ADDRESS	4520 NW 18TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDANIEL, R WAYNE	2.2 NAME	Kruczek, John
STREET ADDRESS	2012 W UNIVERSITY AVE	2.3 STREET ADDRESS	5528 NW 45th Lane
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTRELL, FRED H.	3.2 NAME	Cantrell, Fred H, Jr.
STREET ADDRESS	1645 NW 19TH CIRCLE	3.3 STREET ADDRESS	4721 NW 16th P1
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, EARL P	4.2 NAME	
STREET ADDRESS	3501 W UNIVERSITY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, JAMES	5.2 NAME	
STREET ADDRESS	125 SW 80TH DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kratzer, David
STREET ADDRESS		6.3 STREET ADDRESS	268 Turkey Creek
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Alachua, FL 32615

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: JAMES C. GRIMM DATE 3/19/99 TIME 11:20am PHONE 392-216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR