


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 716489 1. Entity Name UNIVERSITY VILLAGE APARTMENTS, INC.	
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Principal Place of Business P.O. BOX 112100 GAINESVILLE, FL 32611-2100	Mailing Address P.O. BOX 112100 GAINESVILLE, FL 32611-2100
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02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7060602	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 BOWLES, DAVID 200 STUDENT RECREATION & FITNESS CENTER UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-8212
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPPELL, JOHN E 6125 NW 58TH PLACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKEE, MICHAEL V 3910 NW 67TH PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, ROBERT W 2912 NW 25TH TERR. GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNKEL, NORBERT W 3519 NW 27TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRATZER, DAVID 268 TURKEY CREEK ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/06-80007-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Norbert W Dunkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06
Date

352.392.2161
Daytime Phone #