2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 716489

1. Entity Name
UNIVERSITY VILLAGE APARTMENTS, INC.

Principal Place of Business
P.O. BOX 112100
GAINESVILLE, FL 32611-2100

Mailing Address
P.O. BOX 112100
GAINESVILLE, FL 32611-2100

DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7060602 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000878890

Filing Fee is $61.25
Due by May 1, 2008

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

04/14/08-80054-005 61.25

10. OFFICERS AND DIRECTORS

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

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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: _____ 3-31-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Norbert W. Dunkel