FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749066

(7)

LINIVERSITY BOULEVARD BETTERMENT ASSOCIATION.INC.

Principal Place of Business 4133 UNIVERSITY BLVD., SOUTH STE, 1 JACKSONVILLE FL 32216 US		Mailing Address			- 1 100111 LOUIT DESER LENK BOND DINNE	Dill Diani Didii Didi			
		4133 UNIVERSITY BLVD., SOUTH STE. 1 JACKSONVILLE FL 32218-4316 US							
				3. Date Incorporated or Qualified 09/25/1979 03/26/1996					
ı	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26		 ,	59-1934509	·····		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25	Z _I p	Coun	itry	This corporation has liability for Florida Statutes	r intangible tax	ander s. o	199.032,	
	9. Name and Address of Curre		100		10. Name and Address of New F	tegistered Age	nt		
				Name					
HOLBROOK, H. LEON				32 Street Add	dress (P.O. Box Number is Not Accepta	able)			
	ependent square Wille FL 32202		l _a	B3					
JACKSON	WILLE LT 25505	÷					· · · · · · · · · · · · · · · · · · ·	*****	
			•	City		FL 8	5 Zip C	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Sta e of Florida. Such change wa jations of, Section 617.0503,	itutes, the abo as authorized Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for the ation's board of directors. I hereby acc	purpose of cha ept the appointr	nging its nent as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered so	ant and title if contrable (iii	NOTE: Basishard	Agast elegative con	vired when reinstating)	DATE			
12.		ID DIRECTORS	13.	Agont signature reco	ADDITIONS/CHANGES TO OFF		RECTOR	S IN 12	
TITLE	VD	DELETE	1.1 TITI.	.E			Change	Addition	
NAMÉ	SNYDER, CHARLES		1.2 NAA	AE .					
STREET ADDRESS	4131 UNIVERSITY BLVD., SOL	JTH	1.3 STR	EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY	Y-ST-ZIP					
TITLE	PD	☐ DELETE	2.1 TiTL				Change	Addition	
NAME	KOIVISTO, JAMES H.		2.2 NAM	AE .					
STREET ADDRESS	4133 UNIVERSITY BLVD., SOU	ЛТН	2.3 STR	EET ADDRESS	-				
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CIT	Y-ST-ZIP					
TITLE	D	DELETE	3.1 TITL	.E			Change	Addition	
NAME	KOMSTO, JOAN		3.2 NAA	A€					
STREET ADDRESS	4133 UNIVERSITY BLVD., SOL	JTH	3.3 STR	EET ADDRESS	-				
CITY-ST-ZIP	JACKSONVILLE FL		····	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL				Change	Addition Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADDRESS					
CITY - ST - ZIP		T-1 22		r-ST-ZIP	NAME OF THE OWNER OWNER OF THE OWNER				
TITLE		DELETE	5.1 TITL	1		Ll	Change	Addition	
NAMÉ			5.2 NAX						
STREET ADDRESS				EET ADDRESS					
City - St - ZiP		T API +++		Y-ST-ZIP			DI	TT 1 2 7 400	
TITLE		☐ DELETE	6.1 TITE			Ц	Change	Addition Addition	
NAME			6.2 NAA						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP)	6.4 CITY	Y-ST-ZIP					

14. I do 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 of trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on ap attachment with an address.

SIGNATURE:

TO THE RECUIRMENT.

74/47/

(904)137-2216

FILED

Apr 24 1997 8:00am

Secretary of State