

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749066

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Entity Name:** UNIVERSITY BOULEVARD BETTERMENT ASSOCIATION,INC.

**Current Principal Place of Business:**

4133 UNIVERSITY BLVD., SOUTH  
STE. 1  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4133 UNIVERSITY BLVD., SOUTH  
STE. 1  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-1934509      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLBROOK, H. LEON  
2301 INDEPENDENT SQUARE  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SNYDER, CHARLES  
Address: 4131 UNIVERSITY BLVD., SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: PD ( ) Delete  
Name: KOIVISTO, JAMES H  
Address: 4133 UNIVERSITY BLVD., SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: KOIVISTO, JOAN  
Address: 4133 UNIVERSITY BLVD., SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES H KOIVISTO

PD

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date