2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

					28, 2005 8:00	, (4111	
DOCU 1. Entity Narr	MENT # 754628			Se	cretary of Sta	te	
UNIVERS	ITY SQUARE CIVIC ASSOC	IATION, INC.		02.	-28-2005 90201 032 ****61.	25	
Principal Plac	e of Business	Mailing Address					
% SHELDO 5700 MEMO TAMPA FL	RIAL HWY., SUITE 102	PO BOX 17792 TAMPA FL 00000		(1111)	DI BUNK BUDIK BUNG NGOR IBU BUBU BUBU BUBU BURK BURK BURK	R(R)((T) II III)	
		3. Mailing	9				
Suite, Apt.	#, etc.	Su	36	1st M	OORE CR2E037 (10/04	I	
City & State		City & S.	4	4. FEI Number	FO 0000000 H	Applied For Not Applicable	
Zip	Country	Zip		Certificate of S	Status Desired		
	6. Name and Address of Current	Registered Agent	£ .	'me and Ado	dress of New Registered Agent		
WIND, SHELDON L.				3 '- avis	ar is Not Acceptable)		
570	O MEMORIAL HWY., SUITE MPA FL 33615	102	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7.10			
,,,,,			City	<u>/</u>	₽ ∎ Zip C	ode	
9 The shows	named entity submits this statement for	or the purpose of changing its r		ro and agent or both in	FL		
	tions of registered agent.	or the purpose of changing its n	egistered office of	ret Jared agent, or both, ii	Tule state of Florida. Tam laminar wi	ii, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	Land title if annicable (NOTE	Registered Agent signali	re required when reinstating)	DATE		
SSE SECTION S	karman es karabasasasasas	77964564			TOURSUS VIEW DOOR STANDARDS 000	eller et hør et skælet et i ete	
1200 400 100 100 100 100 100 100 100 100 1		29494,1942					
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Payab Florida Department o		
10.	Due By May 1, 2005 OFFICERS AND D	Trust Fund Co		Added to Fees		State	
10.	Due By May 1, 2005	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANG	Florida Department o	State IN 10	
10. TITLE NAME STREET ADDRESS	Due By May 1, 2005 OFFICERS AND DI S KELLEY, MARIAN 10902 N 20TH STREET	Trust Fund Co	11. ITILE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG VP NYSTROM, Eil	Florida Department o	State IN 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI S KELLEY, MARIAN 10902 N 20TH STREET TAMPA FL 33612	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG	Florida Department o	State IN 10 (X) Addition	
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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 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: Mary deplace Mai signature and typed of printed name of signing officer or director 2/18/05 (813)977-2319 Date Daytime Phone # Mary Copeland