


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90011 008 ****61.25

DOCUMENT # 754628 1. Entity Name UNIVERSITY SQUARE CIVIC ASSOCIATION, INC.					
Principal Place of Business % SHELDON L. WIND 5700 MEMORIAL HWY., SUITE 102 TAMPA FL 33615			Mailing Address PO BOX 17792 TAMPA FL 00000		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2399832	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIND, SHELDON L. 5700 MEMORIAL HWY., SUITE 102 TAMPA FL 33615			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE (\$61.25) Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Delete KELLEY, MARIAN 10902 N 20TH STREET TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, MARIAN 10902 N 20TH STREET TAMPA FL 33612	X Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER, MERVYN 1907 E 115TH AVE TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRAY, FAY 11111 N 20TH STREET TAMPA FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPELAND, MARY 11112 N. 19TH ST TAMPA FL 33612-6131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. NYSTROM, EILEEN 1919 E 115TH AVE TAMPA FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRAY, FAY 11111 N. 20TH STREET TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUTER, JIM 11101 N 19TH STREET TAMPA FL 33612	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZERLA, KURT 11109 N. 21ST STREET TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZERLA, FREDRIC 11111 N 21ST ST TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Copeland 2/15/08 1(813)977-2319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR