## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 754628** 

FILED Feb 18, 2009 Secretary of State

Entity Name: UNIVERSITY SQUARE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
% SHELDON L. WIND 5700 MEMORIAL HWY., SUITE 102 TAMPA, FL 33615				JIM WUJEK 11101 N. 19TH STREET TAMPA, FL 33612				
Current Mailing Address:				New Mailing Address:				
PO BOX 17792 TAMPA, FL 00000				JIM WUJEK 11101 N. 19TH STREET TAMPA, FL 33612				
FEI Number:	59-2399832	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certifica	ate of Status Desired	d()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Reg	jistered Agent:	
WIND, SHELDON L. 5700 MEMORIAL HWY., SUITE 102 TAMPA, FL 33615 US				WUJEK, JIM PRES. 11101 N. 19TH STREET TAMPA, FL 33612 US				
The above r in the State		ubmits this statement for the pu	rpose of	changing it	s registered	office or r	registered agent, o	or both,
SIGNATURE: JIM WUJEK						C	2/18/2009	
	Electron	ic Signature of Registered Ager	nt				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () KELLEY, MARIA 10902 N 20TH S TAMPA, FL 336	STREET		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () CHRISTOPHER 1907 E 115TH A TAMPA, FL 336	WE		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	T () COPELAND, MA 11112 N. 19TH ( TAMPA, FL 336	ST	,	Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () WRAY, FAY, 11111 N. 20TH ( TAMPA, FL 336			Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () ZERLA, KURT 11109 N. 21ST TAMPA, FL 336			Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	P () ZERLA, FREDR 11111 N 21ST S TAMPA, FL 336	ST		Title: Name: Address: City-St-Zip:	VP () ZERLA, FRED 11111 N 21ST TAMPA, FL 3	RIC VP	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FREDRIC ZERLA VP 02/18/2009