

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 755039

**FILED**  
**Jan 09, 2013**  
**Secretary of State**

**Entity Name:** THE UNIVERSITY PARK NEIGHBORHOOD ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

402 NW 24TH ST  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

2106 NW 4TH PLACE  
GAINESVILLE, FL 32603 US

**Current Mailing Address:**

P. O. BOX 12103  
UNIVERSITY STATION  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

**FEI Number:** 59-2834827      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARNSBERGER, JAMES  
402 NW 24TH ST  
GAINESVILLE, FL 32607 US

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

HAWKINS, THOMAS SR.  
2106 NW 4TH PLACE  
GAINESVILLE, FL 32603 US

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: THOMAS HAWKINS, SR.

01/09/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAWKINS, THOMAS SR.  
Address: 2106 NW 4TH PLACE  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: TD  
Name: WILSON, DAVID  
Address: 1905 NW 7TH LANE  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: VPD  
Name: MACDONALD, KATHERINE  
Address: 2223 NW 1ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: D  
Name: CROOK, SYLVIA  
Address: 111 NW 23RD DR  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D  
Name: GREEN, FRANK III  
Address: 423 NW 21ST STREET  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: SD  
Name: HART, BECKY  
Address: 1515 NW 6TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32603 US

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE MACDONALD

VPD

01/09/2013

Electronic Signature of Signing Officer or Director

Date