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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58171 (3)

1. Corporation Name
UNIVERSITY LAKES MOBILE HOMEOWNERS ASSOCIATION I NC.

Principal Place of Business Mailing Address

**P O BOX 651133
MIAMI FL 33265** **P O BOX 651133
MIAMI FL 33265**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

08/25/1987 **03/04/1994**

4. FEI Number Applied For

59-2737121 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under C. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**NOPPEN, JAMES E. VAN
1153 S.W. 129 AVENUE
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUDICK, MILLIE
STREET ADDRESS	12863 SW 17 ST
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	DE LE FUENTE, CHARLIE
STREET ADDRESS	13031 SW 11 STR
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	SMITHLOCK, PAT
STREET ADDRESS	12801 SW 12 STR
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	MCFARLAND, MARGARET
STREET ADDRESS	12820 SW 16 STR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ALLISON, DOROTHY B
STREET ADDRESS	12822 SW 12TH TERR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ADAY, OLGA
STREET ADDRESS	12810 SW 16 STR
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Margaret M. McFarland* Date *April 16, 1995* 533-9197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR