

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008351

FILED
Jul 06, 2005
Secretary of State

Entity Name: THE COUNCIL OF UNIVERSITY NEIGHBORHOOD ASSOCIATIONS, INC.

Current Principal Place of Business:

105 SW 42 ST
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

105 SW 42 ST
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 52-2301307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, SUSAN
105 SW 42 ST
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELCH, DAVID
Address: 228 NW 28 ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: REISKIND, JONATHAN
Address: 213 SW 41 ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: WRIGHT, SUSAN
Address: 105 SW 42 ST
City-St-Zip: GAINESVILLE, FL 32607276

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HURTAK, DIANE
Address: 1729 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONATHAN REISKIND

D

07/06/2005

Electronic Signature of Signing Officer or Director

Date