

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005684

1. Entity Name
**UNIVERSITY PARK HOMEOWNERSHIP FOUNDATION
INC.**



Principal Place of Business
**P O BOX 12103
GAINESVILLE, FL 32604**

Mailing Address
**P O BOX 12103
GAINESVILLE, FL 32604**



04092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNELL, LARRY
2048 NW 7 LANE
GAINESVILLE, FL 32603**

**DO NOT WRITE
IN THIS SPACE**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000110646
04/12/04-80092-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHNELL, LARRY 2048 NE 7 LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, SAM 1722 NE 5 AVE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HURTAK, DIANE 1729 NW 8TH AVENUE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHMID, JOSEPH 1735 NW 7 PL GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLSTEIN, MARK 1215 NW 7 PLACE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diane M. Hurtak **Diane M. Hurtak** 4/10/04 (352) 392-0765