

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005684

FILED
Apr 27, 2005
Secretary of State

Entity Name: UNIVERSITY PARK HOMEOWNERSHIP FOUNDATION INC.

Current Principal Place of Business:

P O BOX 12103
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

P O BOX 12103
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHNELL, LARRY
2048 NW 7 LANE
GAINESVILLE, FL 32603 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: PD () Delete
Name: SCHNELL, LARRY
Address: 2048 NE 7 LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: HARRIS, SAM
Address: 1722 NE 5 AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: TD () Delete
Name: HURTAK, DIANE
Address: 1729 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: SD () Delete
Name: SCHMID, JOSEPH
Address: 1735 NW 7 PL
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: GOLSTEIN, MARK
Address: 1215 NW 7 PLACE
City-St-Zip: GAINESVILLE, FL 32603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HARRIS, SAM
Address: 1722 NE 5 AVENUE
City-St-Zip: GAINESVILLE, FL 32603

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

Title: SD (X) Change () Addition
Name: SCHMID, JOSEPH
Address: 1735 NW 7 PLACE
City-St-Zip: GAINESVILLE, FL 32603

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: DIANE HURTAK

TD

04/27/2005

Electronic Signature of Signing Officer or Director

Date