2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005684

FILED Apr 20, 2009 Secretary of State

Entity Name: UNIVERSITY PARK HOMEOWNERSHIP FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: 2048 NW 7 LANE 402 NW 24TH ST GAINESVILLE, FL 32603 GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** P O BOX 12103 GAINESVILLE, FL 32604 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNELL, LARRY HARNSBERGER, JAMES 2048 NW 7 LANE 402 NW 24TH ST GAINESVILLE, FL 32603 US GAINESVILLE, FL 32607 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: JAMES HARNSBERGER 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHNELL, LARRY SCHNELL, LARRY Name: Name: 2048 NW 7 LANE Address: 2048 NW 7 LANE Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: () Change () Addition GOLDSTEIN, MARK Name: Name: Address: 1215 NW 7TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: Title: () Delete Title: () Change () Addition HURTAK, DIANE Name: Name: 1640 NW 22ND CIRCLE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SCHMID, JOSEPH Name: Address: 1735 NW 7 PLACE Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: Title: () Delete Title: () Change (X) Addition HARNSBERGER, JAMES Name: Name: 402 NW 24TH ST Address: Address: City-St-Zip: City-St-Zip: GAINESIVLLE, FL 32607 Title: () Delete Title: () Change (X) Addition CROOK, SYLVIA Name: Name: Address: Address: 111 NW 23RD DR GAINESVILLE, FL 32607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES HARNSBERGER D 04/20/2009