

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001032	
1. Entity Name UNIVERSITY OAKS HOMEOWNERS' ASSOCIATION, INC.	



Principal Place of Business 5401 S. KIRKMAN RD #450 ORLANDO, FL 32819	Mailing Address 5401 S. KIRKMAN RD #450 ORLANDO, FL 32819
---	---

2. Principal Place of Business 266 Wilshire Blvd. Suite, Apt. #, etc. Suite 110 City & State Casselberry, FL Zip 32707 Country Seminole	3. Mailing Address 266 Wilshire Blvd. Suite, Apt. #, etc. Suite 110 City & State Casselberry, FL Zip 32707 Country Seminole
--	--



10102006 REIN-NP CR2E099 (11/05)

4. FEI Number 01-0645858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROF. INC. 5401 S. KIRKMAN - SUITE 450 ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Kimberly Fowler Street Address (P.O. Box Number is Not Acceptable) 266 Wilshire Blvd. Suite 110 City Casselberry FL Zip Code 32707
--	---

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 Kimberly Fowler DATE 11-2-06

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

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, MATTHEW 2026 KAYLAS CT ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Tran, Dan 2600 Saffron Dr Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, JAVIER 2155 KAYLAS CT ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D 129 Rose Hill Trail Sanford, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, JASON 2039 KAYLAS CT ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 17214 Long Boat Lane Orlando, FL 32820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B 12/15/06</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100082549211</u> <u>12/14/06--01042--010</u> <u>**236.25</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STATEMENT</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] DATE 11-2-2006 DAYTIME PHONE # 407-830-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR