


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90010 016 \*\*\*\*61.25

**DOCUMENT # N02000001431**

1. Entity Name  
**UNIVERSITY PLACE NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
~~8210 LAKEWOOD RANCH BLVD.~~  
~~BRADENTON, FL 34202~~

Mailing Address  
~~8210 LAKEWOOD RANCH BLVD.~~  
~~BRADENTON, FL 34202~~

2. Principal Place of Business  
**1. LAKEWOOD RANCH OFFICE**  
 Suite, Apt. #, etc.  
**9031 TOWN CENTER PARKWAY**

3. Mailing Address  
**LAKEWOOD RANCH OFFICE**  
 Suite, Apt. #, etc.  
**9031 TOWN CENTER PARKWAY**

City & State  
**BRADENTON, FL**

City & State  
**BRADENTON, FL**

Zip  
**34202** - Country  
**USA**

Zip  
**34202** - Country  
**USA**



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**32-0003523**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLALOCK, LANDERS, WALTERS & VOLGER, P.A.**  
**802 11TH STREET WEST**  
**BRADENTON, FL 34205**

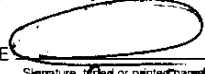
7. Name and Address of New Registered Agent

Name  
**Chad M. Cleation**

Street Address (P.O. Box Number is Not Acceptable)  
**1820 Aingling BLVD**

City  
**Sarasota** **FL** Zip Code  
**34241**

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:  **2/21/06**

Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHIER, JAMES R 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ASH, CHRIS 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEIM, PRISCILLA 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIC ROMANOFF 8203 PLANTERS KNOLL TERRACE UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEPHEN H. ROSOFF 7906 EDMONSTON CIRCLE UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TERENCE LS WILLIAMS 7428 SEA ISLAND LANE UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  **TERENCE LS WILLIAMS DST** **02/22/2006** **941-227-4353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #