


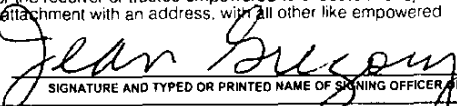


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90063 022 ****61.25

DOCUMENT # N02000001431 1. Entity Name UNIVERSITY PLACE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business LAKEWOD RANCH OFFICE 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Mailing Address LAKEWOD RANCH OFFICE 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 32-0003523				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 MCCLLENATHEN, CHAD M 1820 RINGLER BLVD SARASOTA, FL 34241			7. Name and Address of New Registered Agent Advanced Management, Inc. 4031 Town Center Parkway Bradenton FL 34202		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BP Director ROMANOFF, RIC 8203 PLANTERS KNOLL TERRACE UNIVERSITY PK, FL 34201	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV ROSOFF, STEPHEN H 7906 EDMONSTON CIRCKE UNIVERSITY PK, FL 34201	<input checked="" type="checkbox"/> Delete	TITLE	BP JAW HICKS 8222 PLANTERS KNOLL TERRACE UNIVERSITY PK, FL 34201	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	BP Director WILLIAMS, TERRENCE L 7428 SEA ISLAND LANE UNIVERSITY PK, FL 34201	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	BP RAN OLIVER 3444 SEA ISLAND LANE UNIVERSITY PK 34201	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DST JEAN GREGORY 1626 DANYTOW CIR UNIVERSITY PARK FL 34201	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV JAW HICKS 8222 PLANTERS KNOLL TERRACE UNIVERSITY PK 34201	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-10-07 <small>Daytime Phone #</small>		