


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90151 049 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-0003523	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADVANCED MANAGEMENT, INC 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D NAME ROMANOFF, RIC STREET ADDRESS 8203 PLANTERS KNOLL TERRACE CITY-ST-ZIP UNIVERSITY PK, FL 34201	<input checked="" type="checkbox"/> Delete		TITLE TRES. NAME ED WELT STREET ADDRESS 8122 Coates Row Place CITY-ST-ZIP University Park, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME OLIVER, RON STREET ADDRESS 7448 SEA ISLAND LANE CITY-ST-ZIP UNIVERSITY PK, FL 34201	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME RON OLIVER STREET ADDRESS ← CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WILLIAMS, TERRENCE L STREET ADDRESS 7428 SEA ISLAND LANE CITY-ST-ZIP UNIVERSITY PK, FL 34201	<input checked="" type="checkbox"/> Delete		TITLE Sec. NAME Donna Mullig STREET ADDRESS 7343 Meeting Street CITY-ST-ZIP University Place, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME GREGORY, JEAN STREET ADDRESS 1620 DANY TON CIR CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input checked="" type="checkbox"/> Delete		TITLE Dir. NAME Jane Lange STREET ADDRESS 7816 Ashley CIR CITY-ST-ZIP UNIVERSITY PARK, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME HICKS, JAN STREET ADDRESS 8222 PLANTATON KNOLL TERRACE CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME JAN HICKS STREET ADDRESS ← CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE ASSISTANT SECRETARY NAME Douglas Wilson STREET ADDRESS 9031 TOWN CENTER PKWY CITY-ST-ZIP Bradenton, FL 34202	<input checked="" 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: <u>Ronald A. Chius</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/14/2008 355-5820 <small>Date Daytime Phone #</small>		