## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

		ANNUAL	RE	ORT	•	, 4	.1	Secretary of State	
DOCUMENT # N02000002150  1. Entity Name								04-14-2008 90055 042 ****61.25	
UNIVERSITY WALK LOT OWNERS' ASSOCIATION, INC.									
Principal Place of Business 7500 COLLEGE PARKWAY FT MYERS, FL 33907			7500	Mailing Address 7500 COLLEGE PARKWAY FT MYERS, FL 33907				40000	
							·		
Principal Place of Business - No P.O. Box #     Mailing Address						V		THE STATE OF THE S	
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u> </u>	<u> </u>	04022008 Cha-NP CR2E037 (12/06)	
				POBOX SX			8		
City & State Lakeland Ph			City & State  hakeland			アト		4. FEI Number Applied For Not Applicable	
Zip	E 14 100	Country	Zip		Countr			— \$8.75 Additional	
338112		USA		8105. LOB	\	15 A	•	Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
R & A AGENTS, INC. 850 PARK SHORE DRIVE						Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, FL 34103  3300 Publix Corporate Parkus City								1 72 Cada (	
hakeland [L 338/1-331/									
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 Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
ļ	Signature, typed	or printed risking or legislared agent as	io izie ir app		: Hegistered Al	gent signati	ire required	The company of the co	
Due by May 1, 2008 Trust F					mpaign Financing Contribution.  \$5.00 May Be Added to Fees  Added to Fees    Make Check payable to Florida Department of State				
10.	1	OFFICERS AND DIRI	CTORS		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	DP HAFFIE	DALE G		Delete	NAME		<u>`</u> & '	John Frazier Change Addition	
STREET ADDRESS		LEGE PARKWAY				ADDRESS		3300 Publis Corporate Pkmy	
CITY-ST-ZIP	FT MYER	S, FL- 33907			CITY-ST	T-ZIP		hakeland, RL 58811-3511	
TITLE .	DVS			Delete	TITLE		v9.	Jeff Chamberlain Change Addition	
NAME STREET ADDRESS		E, SHAWN R		,	NAME STREET	ADDRESS		3300 Publix Congonato PLWY	
CITY-ST-ZIP		S, FL: 33907			CITY-ST	ı		Lakeland, FL 33811-3511	
TITLE	·DVT			Delete	TITLE		Sec	☐ Change XX Addition	
NAME		SUSAN M		ľ	NAME		Tres	william May burn	
STREET ADDRESS CITY-ST-ZIP	1	LEGÉ PÄRKWAY S, FL 33907			STREET /	ADDRESS		3500 Publix Corporate PKWY.	
	FINITER	3, FE 33907		Deter-	-	1 - 4.It		Lalzeland, ₹ L 53811-5311	
TITLE NAME				Delete	TITLE NAME			. Unange — Pounton	
- STREET ADDRESS CITY-ST-ZIP	ريدان مخسون		:		STREET / City-St	ADDRESS 1-zip	-	المناف المعاوي الأستيات المان المعادل المان	
TITLE		<del></del>		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME Street Address		900			NAME STREET	ADDRESS			
CITY-ST-ZIP					CITY-ST	- 1			
TITLE	<u> </u>		<del></del>	☐ Defete	TITLE			☐ Change ☐ Addition	
NAME	1				NAME			_ ,	

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 trusted 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.

(863) 688-7

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \(\nu\)

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Ray burn

(863) 688-7407 Ext. 33571 4

Daytime Phone #