


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-14-2008 90055 042 \*\*\*\*61.25

<b>DOCUMENT # N02000002150</b>			
1. Entity Name UNIVERSITY WALK LOT OWNERS' ASSOCIATION, INC.			
Principal Place of Business 7500 COLLEGE PARKWAY FT MYERS, FL 33907		Mailing Address 7500 COLLEGE PARKWAY FT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 3300 Publix Corporate Pkwy Suite, Apt. #, etc.		3. Mailing Address Treasury Licenses P O Box 32018	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33811-3311	Country USA	Zip 33802-2018	Country USA
6. Name and Address of Current Registered Agent R & A AGENTS, INC. 850 PARK SHORE DRIVE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: William Rayburn Street Address (P.O. Box Number is Not Acceptable): 3300 Publix Corporate Parkway City: Lakeland FL Zip Code: 33811-3311	
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: <i>W Rayburn</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAFELE, DALE G 7500 COLLEGE PARKWAY FT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Frazier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3300 Publix Corporate Pkwy Lakeland, FL 33811-3311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MCINTYRE, SHAWN R 7500 COLLEGE PARKWAY FT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeff Chamberlain <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3300 Publix Corporate Pkwy Lakeland, FL 33811-3311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SPREHN, SUSAN M 7500 COLLEGE PARKWAY FT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Tres William Rayburn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3300 Publix Corporate Pkwy. Lakeland, FL 33811-3311
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
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
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: <i>W Rayburn</i>		Signature, typed or printed name of signing officer or director	
		Date: 04-03-2008	
		Daytime Phone #: (863) 688-7407 Ext. 3357	

