

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90322 041 ****61.25

DOCUMENT # N02000004062

1. Entity Name
UNIVERISTY GROVE OFFICE PARK OWNER'S
ASSOCIATION, INC.



Principal Place of Business
1336 WEST FLETCHER AVENUE
TAMPA, FL 33612

Mailing Address
1336 WEST FLETCHER AVENUE
TAMPA, FL 33612

14000010

2. Principal Place of Business

2880 Scherer Dr
Suite, Apt. #, etc. #840

3. Mailing Address

2880 Scherer Dr
Suite, Apt. #, etc. #840

City & State

St. Petersburg FL
Zip 33716 Country Pinellas

City & State

St. Petersburg
Zip 33716 Country Pinellas

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0449589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINCEY, DONALD R
1336 WEST FLETCHER AVENUE
TAMPA, FL 33612

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MINCEY, DONALD R	
STREET ADDRESS	1336 WEST FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	CROWDER, SHEFFIELD L	
STREET ADDRESS	1336 WEST FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MINCEY, DIANE F	
STREET ADDRESS	1336 WEST FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graet Shaw	
STREET ADDRESS	13337 N. 56th St	
CITY-ST-ZIP	Tampa FL 33617	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Buyer	
STREET ADDRESS	13349 N. 56th St	
CITY-ST-ZIP	Tampa FL 33617	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Klorisy	
STREET ADDRESS	13325 N. 56th St	
CITY-ST-ZIP	Tampa FL 33617	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aseem Naran	
STREET ADDRESS	16123 Aircraft Court	
CITY-ST-ZIP	Tampa FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 813-986-4889