2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000008349

Entity Name: UNIVERSITY GROVES WETLANDS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

1800 SECOND ST #901
SARASOTA, FL 34237

New Principal Place of Business:

3301 WHITFIELD AVE
SARASOTA, FL 34243

Current Mailing Address:

1800 SECOND ST #901
SARASOTA, FL 34237

New Mailing Address:

3301 WHITFIELD AVE
SARASOTA, FL 34243

FEI Number: 20-8910254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNEBEY, MARK P
1301 SIXTH AVE WEST SUITE 4010
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

CLARK, DONALD D ESQ
8433 ENTERPRISE CIRCLE
SUITE 120
BRADENTON, FL 34202 US

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.

SIGNATURE: DONALD D. CLARK, ESQ. 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMP, HOWARD B
Address: 2801 FRUITVILLE ROAD SUITE 100
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete
Name: NELSON, ROBERT R
Address: 2801 FRUITVILLE ROAD SUITE 100
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete
Name: SHARP, III, LEMUEL
Address: 2801 FRUITVILLE ROAD SUITE 100
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEMUEL SHARP III D 04/29/2009
Electronic Signature of Signing Officer or Director Date