


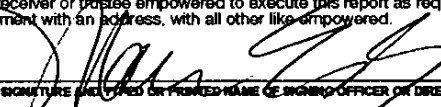


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90198 017 ****61.25

DOCUMENT # N05000008946 1. Entity Name UNIVERSITY GREEN CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 8511 BULL HEADLEY ROAD SUITE 200 TALLAHASSEE, FL 32312			Mailing Address 8511 BULL HEADLEY ROAD SUITE 200 TALLAHASSEE, FL 32312		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7113 Beech Ridge TRL Suite 1			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 20-4449397	
Zip 32312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIDENREICH, JAMES F 8511 BULL HEADLEY ROAD SUITE 200 TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable): 7113 Beech Ridge TRAIL, Ste 1 City: TALLAHASSEE FL Zip Code: 32312	
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:  DATE: 4/20/06 <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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P HEIDENREICH, JAMES F 8511 BULL HEADLEY ROAD SUITE 200 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAWS, STEVE 8511 BULL HEADLEY ROAD SUITE 200 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAYSON, SEDITA 8511 BULL HEADLEY ROAD SUITE 200 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE: 4/20/06 894-1919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					