


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05597 (2)**  
 1. Corporation Name  
**UNIVERSITY PARK PROPERTY OWNERS ASSOCIATION, INC**



Principal Place of Business 3711 CORTEZ ROAD WEST BRADENTON FL 34210	Mailing Address 3711 CORTEZ ROAD WEST BRADENTON FL 34210
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3. Date Incorporated or Qualified  
**10/03/1984**

4. FEI Number <b>59-2460745</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip	25 Country	28 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

24	25	29	30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**SCHIER, JAMES R**  
**3711 CORTEZ ROAD WEST**  
**BRADENTON FL 34210**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHIER, JAMES R 3711 CORTEZ ROAD WEST BRADENTON FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD BARTLEY, JOHN 3711 CORTEZ ROAD WEST BRADENTON FL	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD DINARDO, ANTHONY 7900 GLADES ROAD BOCA RATON FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD GERSH, JEFFREY S 7900 GLADES ROAD BOCA RATON FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IGN [Signature] REQUIRED James R. Schier 1/21/98 941-756-0677

CR2E037 (10/97)