

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90022 001 ****70.00

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1. Entity Name
UNIVERSITY CORNERS OWNERS' ASSOCIATION, INC.



Principal Place of Business
6215 LORRAINE RD
BRADENTON, FL 34202

Mailing Address
6215 LORRAINE RD
BRADENTON, FL 34202

40056350



2. Principal Place of Business - No P.O. Box #
14400 COVENANT WAY
Suite, Apt. #, etc.

3. Mailing Address
14400 COVENANT WAY
Suite, Apt. #, etc.

03012007 Chg-NP CR2E037 (12/06)

City & State
BRADENTON, FL
34202

City & State
BRADENTON, FL
34202

4. FEI Number
11-3807361
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERKA, DANIEL
6215 LORRAINE RD
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name PERKA, DANIEL J
Street Address (P.O. Box Number is Not Acceptable)
14400 COVENANT WAY
City BRADENTON FL 34202

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SWART, JOHN	6215 LORRAINE RD	BRADENTON, FL 34202	<input type="checkbox"/>
VD	MARTIN, TIM	6215 LORRAINE RD	BRADENTON, FL 34202	<input type="checkbox"/>
STD	WEBER, ROBERT P	6215 LORRAINE RD	BRADENTON, FL 34202	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	14400 COVENANT WAY			<input checked="" type="checkbox"/>
	14400 COVENANT WAY			<input checked="" type="checkbox"/>
	D/V 14400 COVENANT WAY			<input checked="" type="checkbox"/>
	S AMODIO JERREE 14400 COVENANT WAY BRADENTON, FL 34202			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	T WAGNER, HAROLD 14400 COVENANT WAY BRADENTON, FL 34202			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D/V KENNELLY BRIAN 14400 COVENANT WAY BRADENTON, FL 34202			<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHNSWART 3.30.07 157-1614