2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# N15585

Entity Name: UNIVERSITY STATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 15282
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15282
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDBERG, JEAN F
2074 CAMBRIDGE CIRCLE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LINDBERG, JEAN F	
Address:	2074 CAMBRIDGE CIRCLE	
City-St-Zip:	PENSAOCLA, FL 32514	
Title:	SD	( ) Delete
Name:	WILLIS, MERRI L	
Address:	2021 CAMBRIDGE CR	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	TD	( ) Delete
Name:	HOYT, GERALD L	
Address:	2036 CAMBRIDGE CIRCLE	
City-St-Zip:	PENSCAOLA, FL 32514	
Title:	D	( ) Delete
Name:	BULTER, JUNE	
Address:	2020 CAMBRIDGE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	CRIETION, ROBERT	
Address:	2040 CAMBRIDGE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	DESTAFNEY, PEGGY	
Address:	2008 CAMBRIDGE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32514	

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:	
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 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: GERALD HOYT TREA 03/30/2006
Electronic Signature of Signing Officer or Director — Date