

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N20467**

1. Entity Name  
**UNIVERSITY FOREST HOMEOWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**8036 SHALACE COURT  
ORLANDO, FL 32817 US**

Mailing Address  
**8036 SHALACE COURT  
ORLANDO, FL 32817 US**



01072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2855454**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARNESEN, OLIVIER  
8036 SHALACE COURT  
ORLANDO, FL 32817**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ARNESON, OLIVIER
STREET ADDRESS	8036 SHALACE COURT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	DV
NAME	BARLETT, DON
STREET ADDRESS	8037 SHALACE COURT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	DT
NAME	ARNESEN, ISABELLE
STREET ADDRESS	8036 SHALACE COURT
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000384280  
01/17/06-80006-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

1/10/06  
Date

Daytime Phone #