

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20467

FILED
Aug 31, 2007
Secretary of State

Entity Name: UNIVERSITY FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8036 SHALACE COURT
ORLANDO, FL 32817 US

New Principal Place of Business:

3841 DONNA LYNN LANE
ORLANDO, FL 32817 US

Current Mailing Address:

8036 SHALACE COURT
ORLANDO, FL 32817 US

New Mailing Address:

3841 DONNA LYNN LANE
ORLANDO, FL 32817 US

FEI Number: 59-2855454 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARNESEN, OLIVIER
8036 SHALACE COURT
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

LOSSING, DALE
3832 DONNA LYNN LANE
ORLANDO, FL 32817 US

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: DALE LOSSING

08/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNESON, OLIVIER
Address: 8036 SHALACE COURT
City-St-Zip: ORLANDO, FL 32817

Title: DV () Delete
Name: BARLETT, DON
Address: 8037 SHALACE COURT
City-St-Zip: ORLANDO, FL 32817

Title: DT () Delete
Name: ARNESEN, ISABELLE
Address: 8036 SHALACE COURT
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOSSING, DALE
Address: 3832 DONNA LYNN LANE
City-St-Zip: ORLANDO, FL 32817

Title: DV (X) Change () Addition
Name: AROSEMENA, FREDERICA
Address: 3808 DONNA LYNN LANE
City-St-Zip: ORLANDO, FL 32817

Title: DT (X) Change () Addition
Name: CAMPBELL, MICHELLE
Address: 3841 DONNA LYNN LANE
City-St-Zip: ORLANDO, FL 32817 US

I hereby certify that the information supplied with this filing does not qualify 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: DALE LOSSING

PD

08/31/2007

Electronic Signature of Signing Officer or Director

Date