FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUA	AL REPC	R
1	200	

SIGNATURE:

DOCUMENT # N20954

(6)

PROPERTY OWNERS ASSOCIATION OF UNIVERSITY WOODS, INC.

Principal Place of Business Mailing Address		T TABUTTAT BIÐ TIÐU MÐITÐ ÞÐIÐ AÐIÐ ÁÐIÐ ÐIÐ AÐIÐ ÐIÐ AÐU ÐIÐ AÐU ÐUÐ AÐUÐ AÐU ÐUÐ AÐUÐ AÐ AÐUÐ AÐ AÐ AÐUÐ AÐ AÐ AÐ AÐUÐ AÐUÐ AÐ					
P.O. BOX 5613 WINTER PARK FL \$2783-5619 C WINTER PARK FL \$2783-5619 C							
				3. Date incorporated or Qualified 06/03/1987	3a. Date of Last Report 08/11/1995		
2. Principal (Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-2887538	Not Applicable		
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ate	City & State	,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country Zip Country 29 32793-561330			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent		
	BI Name RAM PATRICK PURSER						
CINDY SCHLTE B2 Street Address (P.				dress (P.O. Box Number is Not Acceptable))		
i e	ADLEIGH CREST			TAISLEY CIR	ZCLE		
ORLAN	IDO FL 32817		B3 32	SS 1			
•			B4 City CR	LANDO	FL 85 32617		
11. Pursupa or regist	t to the provisions of Sections 617 850 ered agest, or both, in the State of Flor	2 and 617.1508, Florida Statutes, t	the above-named corp	oration submits this statement for the purp bard of directors. I hereby accept the appoi	ose of changing its registered office of the lam		
familiar v	with, and a cept the obligations of, Sec		o, the corporation s be	and or airectors. Who aby accept the appear	The state of the s		
SIGNATURE	1			ZEER , DIRECTUR //	24/96		
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE F	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE COMPECTORS IN 12		
TITLE	PD	DELETE		PRESIDENT	Change Addition		
NAME	CARRY, SUZANNE	A	1.2 NAME	PATRICK TRURSER	Д —		
STREET ADDRESS	40 10 11101 FIGUR ATBEET		1.3 STREET ADDRESS	えてにしてんいたい ドリ じいもく	:L L		
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	CRLANDO : FLA.	32817		
TITLE	D	DELETE	2.1 TITLE	PAUL JACKSON	Change ☐ Addition		
NAME	GALLAGHER, JIM	/	1>0.1	VICE-PREPIDENT			
STREET ADDRESS	4444 11461 51611 67677				CE.		
CHY-ST-ZIP	ORLANDO FL 32817			ORLANDO, FLA.	32817		
TITLE	TD	DELETE	3.1 TITLE 125	CO-SECRETARY	Change Addition		
NAME	CINDY SCHULTE			EVELYN RIVERS			
STREET ADDRESS	3319 HADLEIGH STREET			3155 RIDER PLACE	E.		
CITY-ST-ZIP	ORLANDO FL 32817			DRLANDOS FLAS	2817		
TITLE	DS	DELETE	4.1 TOTLE 🏠 🕻	HAIR, ARCHITECTURALT	Change Addition		
NAME	WINDISH RAYMOND	•	4. 2 NAME "T	RKK AMUNDSON	CAMITIEE		
STREET ADDRESS			4.3 STREET ADDRESS	3161 RIDER PLACE	7204		
CITY-ST-ZIP	ORLANDO FL 32817	□ DELETE	4.4 CHY-ST-ZIP	ORLANDO, FLA.	32817		
THILE		DELETE	ST TITLE DTS	ORLANDO, FLA. TREASURER & CO-SE RAYMOND WINDISH 2430 RIDER BLAC	CRESCHANGE Addition		
NAME			5.2 NAME	MAHOND MINDISH	1 TRA		
STREET ADDRESS	5				Eggally		
CiTY+\$T-ZiP		DELETE		DIKLANDOS FLAD	Change Addition		
TITLE		Постен	6.1 TITLE 6.2 NAME	90000179			
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	90000173 -03/06/96010	23010		
CITY-ST-ZIP	³		6.3 STREET ADDRESS	***61.25	414		
14 Ldo ber	 Leby certify that the information supplied 	with this filing is voluntarily furnished	and does not qualify	for the exemption stated in Section 119.0	7(3)(k), 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 cath; that I am an officer or director of the corporation of 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 changes or on an attachment with an address.							