


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20954** (6)

1. Corporation Name
PROPERTY OWNERS ASSOCIATION OF UNIVERSITY WOODS, INC.

Principal Place of Business P.O. BOX 5613 WINTER PARK FL 32793-5613	Mailing Address P.O. BOX 5613 WINTER PARK FL 32793-5613
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/03/1987
4. FEI Number 59-2887538
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PURSER, PATRICK
3351 PAISLEY CIRCLE
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name Sarah Rivera
82 Street Address (P.O. Box Number is Not Acceptable) 3304 Rider Place
83
84 City Orlando
FL 85 Zip Code 32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sarah Rivera*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/97

12. OFFICERS AND DIRECTORS	
TITLE	PD PURSER, PATRICK <input checked="" type="checkbox"/> DELETE
NAME	3351 PAISLEY CIRCLE
STREET ADDRESS	ORLANDO FL 32817
CITY-ST-ZIP	
TITLE	DT AMUNDSON, RICK <input checked="" type="checkbox"/> DELETE
NAME	3155 RIDER PLACE
STREET ADDRESS	ORLANDO FL 32817
CITY-ST-ZIP	
TITLE	DS RIVERA, SARAH <input type="checkbox"/> DELETE
NAME	304 RIDER PL
STREET ADDRESS	ORLANDO FL 32817
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LISA CRANGLE
1.3 STREET ADDRESS	3303 Paisley Circle
1.4 CITY-ST-ZIP	Orlando FL 32817
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jim Rhodes
2.3 STREET ADDRESS	3157 Rider Place
2.4 CITY-ST-ZIP	Orlando FL 32817
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sarah Rivera
4.3 STREET ADDRESS	3304 Rider Pl.
4.4 CITY-ST-ZIP	Orlando, FL 32817
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sarah Rivera*

1/20/97 (407) 1/28-5938

CR2E037 (10/97)