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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20954

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2887538

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SARAH RIVERA
3304 RIDER PL
ORLANDO FL 32817**

81 Name **Scott Meehan**
82 Street Address (P.O. Box Number is Not Acceptable)
3441 Paisley Circle
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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-99

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **LISA CRANGLE**
STREET ADDRESS **3363 PAISLEY CIR**
CITY-ST-ZIP **ORLANDO FL 32817**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SCOTT Meehan**
1.3 STREET ADDRESS **3441 Paisley Circle**
1.4 CITY-ST-ZIP **Orlando, FL 32817**

TITLE **TD** ☒ DELETE
NAME **JIM RHODES**
STREET ADDRESS **3137 RIDER PL**
CITY-ST-ZIP **ORLANDO FL 32817**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Mackey Roberts**
2.3 STREET ADDRESS **10535 Abingdon Chase**
2.4 CITY-ST-ZIP **Orlando, FL 32817**

TITLE **DS** ☒ DELETE
NAME **RIVERA, SARAH**
STREET ADDRESS **304 RIDER PL**
CITY-ST-ZIP **ORLANDO FL 32817**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **Bill Bustraan**
3.3 STREET ADDRESS **10625 Abingdon Chase**
3.4 CITY-ST-ZIP **Orlando, FL 32817**

TITLE **PD** ☒ DELETE
NAME **SARAH RIVERA**
STREET ADDRESS **3304 RIDER PL**
CITY-ST-ZIP **ORLANDO FL 32817**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99

Date

657-6389

Daytime Phone #

CR2E037 (1/98)