2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N20954

1. Entity Name

PROPERTY OWNERS ASSOCIATION OF UNIVERSITY WOODS, INC.



FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90410 026 ****61.25

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WUUDS,	INC.			ļ	GO WE THUS					
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Zip Country Zip Country S. Certificate of Status Dosined S. 28.75 Autocompanies and Address of Current Registered Agent 7. Name and Address of New Registered Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			М	OORE	CR2E037	(11/03)		
S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEONARD, CHARLES TREAS 3.107.RIDER PLACE ORLANDO FL 32817 City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent,	City & State	9	City & State			•	4. FEI Number 59-2887538 Not			plen For i Applicable	
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LEONARD, CHARLES TREAS 3107. RIDER PLACE ORLANDO FL 32817 City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits types to emind name of registered agent and title it approach. (NICE Registered Agent agentum respect deann mentality) DATE FILE NOW: FEE IS \$\$1.25 Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE MAKE ROBERTS, MACKEY ORLANDO FL 32817 TITLE NAME MCDAVID, JULIE TITLE STD DIRECTORS ORLANDO FL 32817 TITLE NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME NAME NAME STRET ADDRESS OTY-51-2P ORLANDO FL 32817 TITLE NAME NAME NAME NAME NAME NAME NAME NAM		6. Name and Address of Curren	t Registere	d Agent							
Signature Signature PD	LEONARD OLIARIES TREAS					Name					
2. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Signature system system or invition name of registered agent and title if applicable. (MOTE: Registered Agent expature required when translating)	3107_RIDER PLACE					Street Address (P.O. Box Number is Not Acceptable)					
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ROBERTS, MACKEY 10525 ABINCTON CHASE 10525 ABINCTON C		Signature, typed or printed name of registered age	nt and title if app	olicable. (NOTE	E: Registered	Agent signature requ	uired when reinstating)	,	DATE		
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12. 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			SELECT FOR				- Carlina 440 07/01/01	lasida Crassa	1 fr	16. 15. 15.	:_ f !

12. 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 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: Abandon 6. Januar CHARLES 6. LEGRAND 3-IL-04 407-679-1327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #