

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20954

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** PROPERTY OWNERS ASSOCIATION OF UNIVERSITY WOODS, INC.

**Current Principal Place of Business:**

3254 PAISLEY CIRCLE  
ORLANDO, FL 328171941

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5613  
WINTER PARK, FL 327935613

**New Mailing Address:**

**FEI Number:** 59-2887538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, ARNOLD E PRES  
3254 PAISLEY CIRCLE  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, ARNOLD E  
Address: 3254 PAISLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32817 OR

Title: VD ( ) Delete  
Name: NIESEN, DORTHY  
Address: 10619 ABINGDON CHASE  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: BABOOLAL, YESMIN  
Address: 3308 HADLEIGH CREST  
City-St-Zip: ORLANDO, FL 32817

Title: TD ( ) Delete  
Name: BUSTRAAN, WILLIAM A  
Address: 10625 ABINGDON CHASE  
City-St-Zip: ORLANDO, FL 32817 OR

Title: SD ( ) Delete  
Name: HANSHAW, RENZY  
Address: 3125 RIDER PLACE  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MEEHAN, SCOTT  
Address: 3441 PAISLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change ( ) Addition  
Name: AGUIRRE, FRANK  
Address: 10505 ABINGDON CHASE  
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Change ( ) Addition  
Name: PALMER, MARK  
Address: 3307 HADLEIGH CREST  
City-St-Zip: ORLANDO, FL 32817 OR

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARNOLD E. JONES

PD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date