2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31628

FILED Jan 20, 2009 Secretary of State

Entity Name: UNIVERSITY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, STE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044

SUITE 5000

LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 POB 620368

OVIEDO, FL 32762 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 59-3062118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAVIS, KEVIN HART, JAMES W JR

C/O SENTRY MANAGEMENT INC 1750 W BROADWAY ST STE 220 2180 WEST SR 434 SUITE 5000 OVIEDO, FL 32765 LONGWOOD, FL 32779 US

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: JAMES W HART JR 01/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ANDREWS, BILL EWALD, JOE Name: Name: 14438 STAMFORD CIR Address: 4714 WARRINGTON DR Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32826

Title: () Delete Title: (X) Change () Addition

WALL, MARION Name: MUELLER, RICHARD Name: Address: 14601 GAINESBOROUGH DR. Address: 14366 STAMFORD CIR City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: ORLANDO, FL 32826

Title: () Delete Title: SD (X) Change () Addition WHEELER, DON PETERSON, BRUCE Name: Name: Address:

14372 STAMFORD CIR 14710 GAINESBOROUGH CT Address: ORLANDO, FL 32826 ORLANDO, FL 32826

City-St-Zip: City-St-Zip:

() Delete Title: Title: TD (X) Change () Addition Name: IRELAND, JIM Name: HIGGINS, ED

4622 WORTHINGTON DR 14550 GAINESBOROUGH DR Address: Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32826

Title: () Delete Title: (X) Change () Addition

WALL, MARION MUSTANI, MIKE Name: Name:

14601 GAINESBOROUGH DR 14526 GAINESBOROUGH DR Address: Address:

City-St-Zip: RAIFORD, FL 32026 City-St-Zip: ORLANDO, FL 32826

Title: (X) Delete Title: () Change () Addition

CRUSE, LARRY Name: Name: Address: 14880 BONNYBRIDGE DR Address: ORLANDO, FL 32826 City-St-Zip: 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: JOE EWALD PD 01/20/2009