2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38403

FILED Apr 29, 2009 Secretary of State

Entity Name: UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Princi	pal Place of Business:
14013 N. 2	2ND ST			
STE B TAMPA, FI	_ 33613			
Current Mailing Address:		New Mailir	New Mailing Address:	
PO BOX 4 TAMPA, FI				
FEI Number:		FEI Number Applied For ()	FEI Number Not Appli	cable (X) Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
TAMPA, Fi The above	HLEY DRIVE S _ 33602 US		urpose of changing it	s registered office or registered agent, or both,
SIGNATUF	RE:			
				D-1-
	Electron	c Signature of Registered Age	nt	Date
OFFICERS	Electron S AND DIRECT			⊵ate S/CHANGES TO OFFICERS AND DIRECTOF
Γitle: Name: Address:	S AND DIRECT	TORS: Delete D. CE		
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () CRIST, VICTOR 7101 COVE PLA TAMPA, FL 336	Delete D. CE 17 Delete	ADDITION: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () CRIST, VICTOR 7101 COVE PLA TAMPA, FL 336 VPD () GRANTHAM, DC 2121 E. 131 AVI TAMPA, FL 336	Delete D. CE 17 Delete N E 13 Delete	ADDITION: Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition
Fitle: Vame: Address: City-St-Zip: Fitle: Vame: Address: City-St-Zip: Fitle: Vame: Address: Address: Address:	PD () CRIST, VICTOR 7101 COVE PLA TAMPA, FL 336 VPD () GRANTHAM, DC 2121 E. 131 AVI TAMPA, FL 336 VPD () WELLS, PAUL 3111 FLAT ROC LAND O LAKES	Delete D. CE 17 Delete N E 13 Delete K PLACE FL 34639 Delete IM	ADDITION: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	S/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

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: JIM SANDERSON TD 04/29/2009