
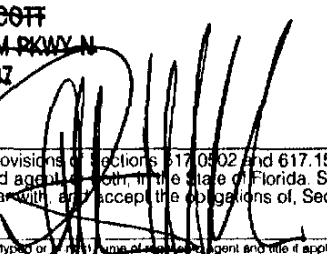
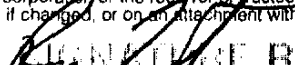


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002599 (8) 1. Corporation Name SHELDON CHASE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 12973 TELECOM PKWY N TAMPA FL 33637		Mailing Address C/O UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVE. TAMPA FL 33612-2613	
2. Principal Place of Business 21 9319 CRANDON LANE Suite, Apt. #, etc. 22 City & State 23 Tampa Florida Zip Country 24 33635 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 05/19/1994		3a. Date of Last Report 04/11/1996	
4. FEI Number 59-3251699		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GRIFFITH, R. SCOTT 12973 TELECOM PKWY N TAMPA FL 33637		10. Name and Address of New Registered Agent 81 Name Patricia Lieblener 82 Street Address (P.O. Box Number is Not Acceptable) 420 WEST PLATT ST. 83 84 City Tampa FL 85 Zip Code 33606	
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, 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  DATE 4/30/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO NAME GRIFFITH, R. SCOTT STREET ADDRESS 12973 TELECOM PKWY N. CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PID 1.2 NAME Trant, Robert 1.3 STREET ADDRESS 9319 CRANDON LANE. 1.4 CITY-ST-ZIP Tampa, Florida 33635	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME PRIETO, ALICE STREET ADDRESS 12973 TELECOM PKWY N. CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SID 2.2 NAME Yant, Steve 2.3 STREET ADDRESS 9313 CRANDON LANE 2.4 CITY-ST-ZIP Tampa, Florida 33635	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SINGLETON, GREG STREET ADDRESS 12973 TELECOM PKWY N. CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TID 3.2 NAME Beller, Rick 3.3 STREET ADDRESS 9317 CRANDON LANE 3.4 CITY-ST-ZIP Tampa, Florida 33635	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/97 (8/3) JFB-4146	



CR21037 (9/96)