2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90026 022 ****61.25

DOCUMENT # N94000004493

1. Entity Name
UNIVERSITY CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15051 S. TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908	15051 S. TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908

50009705

02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0556946
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONSOER, GEORGE L JR
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOZZELLA, EDWARD
STREET ADDRESS	7790 CYPRESS LAKE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	VPD
NAME	ASHBY, CHARLES
STREET ADDRESS	13121 UNIVERSITY DR.
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	GINSLER, DAN JR.
STREET ADDRESS	488 PALM SPRINGS DRIVE #100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 3-19-06 239-433-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #