

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90269 007 \*\*\*\*61.25

**DOCUMENT # N94000004493**

1. Entity Name  
UNIVERSITY CENTER OWNERS ASSOCIATION, INC.



Principal Place of Business  
15051 S. TAMiami TRAIL  
SUITE 203  
FORT MYERS, FL 33908

Mailing Address  
15051 S. TAMiami TRAIL  
SUITE 203  
FORT MYERS, FL 33908

**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-NP

CR2E037 (4/06)

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOZZELLA, EDWARD 7790 CYPRESS LAKE DRIVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASHBY, CHARLES 13121 UNIVERSITY DR. FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSLER, DAN JR. 498 PALM SPRINGS DRIVE #100 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

239/446-7737

Daytime Phone #