

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90014 011 ****61.25

DOCUMENT # N95000000614



1. Entity Name
**UNIVERSITY TERRACE GAINESVILLE CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business
**C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607**

Mailing Address
**C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607**

2. Principal Place of Business - No P.O. Box #

c/o Sun Lu Properties, Inc

3. Mailing Address

901 NW 8th Avenue,

Suite, Apt. #, etc.

A-6

Suite, Apt. #, etc.

A-6

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

Alachua

Zip

32601

Country

Alachua

04122007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3344547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAUSAMAN, JEFFREY
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PLACE
GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name

Wilson, Sally Ann

Street Address (P.O. Box Number is Not Acceptable)

c/o Sun Lu Properties, Inc.

901 NW 8th Avenue, Suite A-6

City

Gainesville,

FL

Zip Code

32601

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

4-16-07

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARTWELL, JOHN**
STREET ADDRESS **3640 SW 185TH AVE**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **SD** ☐ Delete
NAME **HOGAN, KEVIN**
STREET ADDRESS **3941 SW 34TH ST #313**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

April 16, 2007 (352) 373-0874

Date

Daytime Phone #