

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000003201 1. Entity Name UNIVERSITY ACRES HOMEOWNERS' ASSOCIATION, INC.		 <div style="text-align: right;"> FILED 07 OCT -5 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business PMB 345 4250 ALAFAYA TR, SUITE 212 OVIEDO, FL 32765 US		Mailing Address PMB 345 4250 ALAFAYA TR, SUITE 212 OVIEDO, FL 32765 US	
2. Principal Place of Business - No P.O. Box # BOYLE MGMT SERVICES Suite, Apt. #, etc. 498 PALM SPRINGS DR#235		3. Mailing Address BOYLE MGMT SERVICES Suite, Apt. #, etc. SAME	
City & State ALTAMONTE SPRINGS		City & State SAME	
Zip 32701	Country SEMINOLE	Zip _____	Country _____
4. FEI Number 59-3342213		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RELIABLE PROPERTY MANAGERS INC. 4250 ALAFAYA TRAIL SUITE 212-345 OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name JAMES W. BOYLE Street Address (P.O. Box Number is Not Acceptable) 498 PALM SPRINGS DR SUITE 235 City ALTAMONTE SPRINGS FL Zip Code 32701	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating) DATE 10/1/07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE D NAME COLEMAN, DANIEL STREET ADDRESS 2856 UNIVERSITY ACRES DR CITY-ST-ZIP ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete		
TITLE VPD NAME SLONE, JON STREET ADDRESS 2601 UNIVERSITY ACRES DR CITY-ST-ZIP ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete		
TITLE TD NAME MERRITHEW, JERRY STREET ADDRESS 2880 UNIVERSITY ACRES DRIVE CITY-ST-ZIP ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete		
TITLE PD NAME SINGHOFEN, PAUL STREET ADDRESS 2780 UNIVERSITY ACRES DR CITY-ST-ZIP ORLANDO, FL 32817	<input type="checkbox"/> Delete		
TITLE SD NAME WELLER, CHRISTOPHER STREET ADDRESS 2648 UNIVERSITY ACRES DR CITY-ST-ZIP ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 10/16/9	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD QUINN, LORI 11013 CREIGHTON ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD MACEIRA, MARIO 2696 UNIVERSITY ACRES ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD DEARMIN, SHAWN 2893 UNIVERSITY ACRES DRIVE ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
000110941580 10/18/07--01015--023 **\$1.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DONAHUE, CARMEN 2912 UNIVERSITY ACRES ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Paul Singhofen		Date 9/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	