

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003201

FILED
Apr 16, 2008
Secretary of State

Entity Name: UNIVERSITY ACRES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BOYLE MGMT SERVICES
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

BOYLE MGMT SERVICES
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3342213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES W
498 PALM SPRINGS DR
SUITE 235
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: QUINN, LORI
Address: 11013 CREIGHTON
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: MACEIRA, MARIO
Address: 2696 UNIVERSITY ACRES
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: DEARMIN, SHAWN
Address: 2893 UNIVERSITY ACRES DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete
Name: SINGHOFEN, PAUL
Address: 2780 UNIVERSITY ACRES DR
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: DONAHUE, CARMEN
Address: 2912 UNIVERSITY ACRES
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SINGHOFEN

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date