

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004240

FILED
Jan 13, 2009
Secretary of State

Entity Name: UNIVERSITY PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 S. KIRKMAN RD.
STE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN RD.
STE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3339217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD.
STE. 450
ORLANDO, FL 32819 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: PS () Delete
Name: POWELL, ROSEANNE
Address: 4846 RIVERTON DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: DP () Delete
Name: FRAZIER, KATHLEEN
Address: 4857 RIVERTON DR.
City-St-Zip: ORLANDO, FL 32817

Title: C () Delete
Name: MALICK, WILLIAM
Address: 4737 RIVERTON DR
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRAZIER, KATHY
Address: 4857 RIVERTON DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: VP (X) Change () Addition
Name: MULLINS, DONALD
Address: 10953 ARBOR VIEW BLVD.
City-St-Zip: ORLANDO, FL 32828

Title: T (X) Change () Addition
Name: WAHL, MICHAEL
Address: 4455 RIVERTON DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Change (X) Addition
Name: POWELL, ROSE A
Address: 4846 RIVERTON DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Change (X) Addition
Name: MALICK, BILL
Address: 4737 RIVERTON DRIVE
City-St-Zip: ORLANDO, FL 32817

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: KATHY FRAZIER

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date