

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004240

FILED  
Apr 08, 2010  
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: P  
Name: FRAZIER, KATHY  
Address: 4857 RIVERTON DRIVE  
City-St-Zip: ORLANDO, FL 32817

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

Title: T  
Name: WAHL, MICHAEL  
Address: 4455 RIVERTON DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: POWELL, ROSE A  
Address: 4846 RIVERTON DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: MALICK, BILL  
Address: 4737 RIVERTON DRIVE  
City-St-Zip: ORLANDO, FL 32817

I hereby 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 all other like empowered.

SIGNATURE: KATHY FRAZIER

P

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date