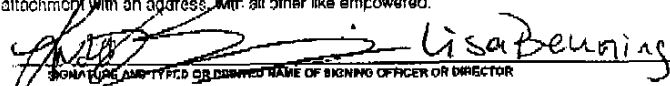


FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90073 035 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N96000004232					
1. Entity Name UNIVERSITY TERRACE WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ACTION REAL ESTATE SERVICES 6110-B NW 1ST PL GAINESVILLE, FL 32607 US			Mailing Address C/O ACTION REAL ESTATE SERVICES 6110-B NW 1ST PL GAINESVILLE, FL 32607 US		
2. Principal Place of Business			a. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3399096	
				Applied For No 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 PL GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, if applicable, (NOTE: Registered Agent signature required when re-electing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROTTER, KATHERINE 3800 SW 20TH AVE., #507 GAINESVILLE, FL 32608 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herb Moore D ☐ Change ☒ Addition 1818 Hawkerest Dr Jacksonville, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EOVINO, MOLLY 155 FLAME VINE DR NAPLES, FL 34106 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Kleinfelt TD ☐ Change ☒ Addition 3907 Helena St Sarasota, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRY, STEVEN 4075 N. PONY DR BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Lisa Benning 4-28-06 352-331-7161 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____					

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03272006 Chg-NP CR2E037 (11/05)