
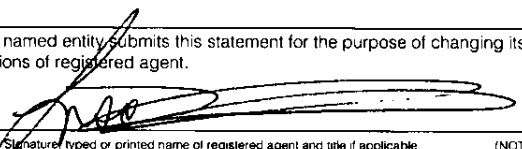
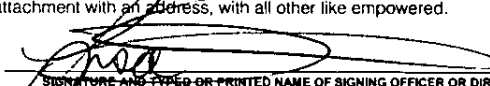


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90194 006 ****61.25

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		
MACOR REALTY, INC					
2. Principal Place of Business - No P.O. Box # 10404 SW 24 Ave			3. Mailing Address PO Box 14050 2		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Gainesville FL			City & State Gainesville FL		
Zip 32607		Country		4. FEI Number 59-3399096	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 MACOR REALTY INC Street Address (P.O. Box Number is Not Acceptable) 10404 SW 24 Ave City Gainesville FL Zip Code 32607		
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. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GARRY, STEVEN 4075 N. PONY DR BEVERLY HILLS, FL 34465				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOORE, HERB 1818 HAWKEREST DR. JACKSONVILLE, FL 32259				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete KLEINFETT, JEFF 3967 HELENE ST. SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4-20-07 Daytime Phone # 352-331-7161					