
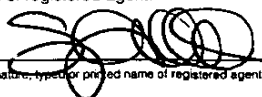
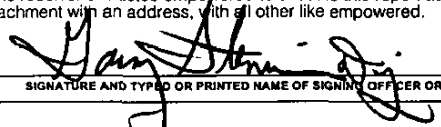


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90152 015 ****61.25

DOCUMENT # N96000004232					
1. Entity Name UNIVERSITY TERRACE WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MACOR REALTY, INC. 10404 SW 24 AVE GAINESVILLE, FL 32607 US			Mailing Address C/O MACOR REALTY, INC. P.O. BOX 140502 GAINESVILLE, FL 32614 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 NW 8th Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A-6			
City & State		City & State Gainesville, FL		4. FEI Number 59-3399096	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32601		32601		04162008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MACOR REALTY INC 10404 SW 24 AVE GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Sun Lu Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Ave. Suite A-6 City Gainesville FL Zip Code 32601		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME GARRY, STEVEN STREET ADDRESS 4075 N. PONY DR CITY-ST-ZIP BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MOORE, HERB STREET ADDRESS 1818 HAWKER ST. DR. CITY-ST-ZIP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KLEINFETT, JEFF STREET ADDRESS 3967 HELENE ST. CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			Date 4-28-08 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					