

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004232

FILED
Feb 24, 2009
Secretary of State

Entity Name: UNIVERSITY TERRACE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MACOR REALTY, INC.
10404 SW 24 AVE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

901 NW 8TH AVENUE
SUITE A-6
GAINESVILLE, FL 32601 US

Current Mailing Address:

901 NW 8TH AVE.
STE A-6
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3399096 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACOR REALTY INC
901 NW 8TH AVE.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

SUN LU PROPERTIES, INC.
901 NW 8TH AVE.
SUITE A-6
GAINESVILLE, FL 32601 US

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: SALLY ANN WILSON

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARRY, STEVEN
Address: 4075 N. PONY DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: MOORE, HERB
Address: 1818 HAWKEREST DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: KLEINFETT, JEFF
Address: 3967 HELENE ST.
City-St-Zip: SARASOTA, FL 34233

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTS (X) Change () Addition
Name: WALLACE, TIM
Address: 20921 SW 36TH STREET
City-St-Zip: DUNELLON, FL 34431 US

Title: DP (X) Change () Addition
Name: MOORE, HERB
Address: 1818 HAWKEREST DR.
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D (X) Change () Addition
Name: WATSON, WADE
Address: 3800 SW 20TH AVENUE, #412
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D () Change (X) Addition
Name: KEIPER, TOM
Address: 1705 PITCH PINE AVENUE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D () Change (X) Addition
Name: BOGART, JOSEPH
Address: 4022 NW 36TH STREET
City-St-Zip: GAINESVILLE, FL 32605 US

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: HERB MOORE

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date