


FILE NOW: FILING FEE IS \$61.25

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90025 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000404					
1. Corporation Name UNIVERSITY VILLAGE MOBILE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2040 SCRANTON AVENUE ORLANDO FL 32826			Mailing Address 2040 SCRANTON AVENUE ORLANDO FL 32826		



2. Principal Place of Business 21 1921 Scranton Ave Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip Country 24 32826 25 USA		2a. Mailing Address 26 1921 Scranton Ave Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip Country 29 32826 30 USA		3. Date Incorporated or Qualified 01/22/1998 4. FEI Number 59-3498559 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent RESNICK, MICHAEL L 1342 E. VINE STREET SUITE 236 KISSIMMEE FL 34744				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADCLIFF, AL	1.2 NAME	Heitzman, Ola Mae
STREET ADDRESS	2040 SCRANTON AVENUE	1.3 STREET ADDRESS	1850 Annapolis Ave
CITY-ST-ZIP	ORLANDO FL 32826	1.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZZITA, JOSEPH	2.2 NAME	Nunn, Ann
STREET ADDRESS	1921 SCRANTON AVENUE	2.3 STREET ADDRESS	2149 Scranton Ave
CITY-ST-ZIP	ORLANDO FL 32826	2.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARNES, DIEDRA	3.2 NAME	Bratton, Norma
STREET ADDRESS	1826 ROCKHURST AVENUE	3.3 STREET ADDRESS	2047 Wake Forest Dr.
CITY-ST-ZIP	ORLANDO FL 32826	3.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLING, ROBIN	4.2 NAME	Isaac, Anna
STREET ADDRESS	1961 SCRANTON AVENUE	4.3 STREET ADDRESS	2175 Scranton Ave
CITY-ST-ZIP	ORLANDO FL 32826	4.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, ROBERT	5.2 NAME	
STREET ADDRESS	1877 MARQUETTE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *AL RADCLIFF* **SIGNATURE REQUIRED** **3/25/99** (407) 380-2095
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)