2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002570



FILED Mar 20, 2006 8:00 am Secretary of State 03-20-2006 90009 017 ****61.25

VAN DYKES ESTATES HOMEOWNERS' ASSOCIATION, INC.												
Principal Place of Business UNIVERSITY PROPERTIES, INC - 7001 TEMPLE TERRACE HW 17714 CURRIE FORD DR. TAMPA, FL 33637 LUTZ, FL 33558					E HWY	•.	•	THINK OF	1 8 (1 8 3 (1) 48 (1) 58 (1)			
Principal Place of Business 3. N			3. Mail	. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				02082006	Chg-NP	CR2E	(11/05)	
City & State			Cit	City & State				4. FEI Numbe 59-3633	3377		-	oplied For ot Applicable
Zip	ip Country			Zip Co		ntry 5. (5. Certificate	of Status Desire	a 🗆	\$8.75 Add	
	6. Name	and Address of Currer	nt Registere	d Agent				7. Name and	Address of Ne	w Registere	d Agent	
MEZER, S	TEVEN			-		Name						
220 SOUTH FRANKLIN ST TAMPA, FL 33602						Street Add	dress (F	P.O. Box Numbe	r is Not Accepta	able)		
						City				F	Zip Cod	le
	named entit	ty submits this statement tered agent.	for the purp	ose of changing its	registere	ed office or re	egister	ed agent, or both	h, in the State of			and accept
_	_	-										
SIGNATURE .		d or printed name of registered age	ent and title if app	licable. (NOTE	Registere	ed Agent signature			· .	DATI		
						o rgan aig addre	1 GOTTINGO	when reinstating)				
	_	pe is \$61.25 May 1, 2006		9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees	e F	Make che	eck payable teartment of S	
10.	_		DIRECTORS	9. Election Carr	npaign F	Financing tion. E)	\$5.00 May B	F	Make che	eck payable to	tate
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Thereby 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 suppliemental 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 AND TYPED ON PRINTED NAME OF SEMINING OFFICER OR DIRECTOR

813 968-9168