


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90009 017 \*\*\*\*61.25

|  |                                 |   |   |   |  |
|--|---------------------------------|---|---|---|--|
| <b>DOCUMENT # N99000002570</b><br>1. Entity Name<br><b>VAN DYKES ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>   |                                 |   |   |  |  |
| Principal Place of Business<br><b>UNIVERSITY PROPERTIES, INC</b><br><b>17714 CURRIE FORD DR.</b><br><b>LUTZ, FL 33558</b>  |                                 |   | Mailing Address<br><b>7001 TEMPLE TERRACE HWY</b><br><b>TAMPA, FL 33637</b> |   |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                                 | City & State  |   |   |  |
| Zip  | Country                         | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |                                 |   |   | 7. Name and Address of New Registered Agent                                       |  |
| MEZER, STEVEN<br>220 SOUTH FRANKLIN ST<br>TAMPA, FL 33602  |                                 |   |   | Name  |  |
|  |                                 |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |                                 |   |   | City  |  |
|  |                                 |   |   | FL Zip Code   |  |
| 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 _____  |                                 |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
|  |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |   |  |
| TITLE  | PD                              | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | GRIFFIN, RANDY                  |   | NAME  |   |  |
| STREET ADDRESS   | 17619 ARCHLAND ROAD             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LUTZ, FL 33549                  |   | CITY-ST-ZIP   |   |  |
| TITLE  | VD                              | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | DUNN, CHRIS                     |   | NAME  |   |  |
| STREET ADDRESS   | 17717 CURRIE FORD DR.           |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LUTZ, FL 33558                  |   | CITY-ST-ZIP   |   |  |
| TITLE  | STD                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | DUDLEY, PETE                    |   | NAME  |   |  |
| STREET ADDRESS   | 17610 ARCHLAND PASS ROAD        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | LUTZ, FL 33549                  |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |   | NAME  |   |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |   | NAME  |   |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                 |   | NAME  |   |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                 |   | CITY-ST-ZIP   |   |  |
| 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: <u>Pete M Dudley</u>  |                                 |   | PETE M DUDLEY   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                 |   | Date  |   |  |
|  |                                 |   | Daytime Phone #   |   |  |