


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90038 033 ****61.25

DOCUMENT # N99000002570					
1. Entity Name VAN DYKES ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY PROPERTIES, INC 17714 CURRIE FORD DR. LUTZ, FL 33558			Mailing Address 7001 TEMPLE TERRACE HWY TAMPA, FL 33637		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3633377				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 SOUTH FRANKLIN ST 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 GRIFFIN, RANDY STREET ADDRESS 17619 ARCHLAND ROAD CITY - ST - ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Hsi, Brian STREET ADDRESS 17738 Currie Ford Drive CITY - ST - ZIP Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME DUNN, CHRIS STREET ADDRESS 17717 CURRIE FORD DR. CITY - ST - ZIP LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE VD NAME OBrien, Jim STREET ADDRESS 17609 Archland Pass Drive CITY - ST - ZIP Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME DUDLEY, PETE STREET ADDRESS 17610 ARCHLAND PASS ROAD CITY - ST - ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE PD NAME Dudley, Pete STREET ADDRESS 17610 Archland Pass Drive CITY - ST - ZIP Lutz, FL 33558	<input checked="" 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: <i>Pete M Dudley</i> <i>Peter Dudley</i>			Date: <i>2/22/08</i> Daytime Phone #: <i>813-980-1000</i>		

50000792

