

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733952

FILED
Sep 18, 2009
Secretary of State

Entity Name: UNIVERSITY VILLAGE EAST CONDOMINIUM I ASSOCIATION, INC

Current Principal Place of Business:

2700 S UNIVERSITY DR
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290667
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 59-2546877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SFETCU, VICKY
2700 S UNIVERSITY DR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRANE, CATHERINE
Address: 2700 S UNIVERSITY DR 1A
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: GRETTEL, GUERRA
Address: 2700 S UNIVERSITY DR 1D
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ROZO, MARIA
Address: 2700 S UNIVERSITY DR 3D
City-St-Zip: DAVIE, FL 33328

Title: TS () Delete
Name: SFETCU, VICKY
Address: 2700 UNIVERSITY DR., 1B
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: SMITH, AMANDA
Address: 2700 S UNIVERSITY DR 3A
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAUSMANN, NORA
Address: 2700 S UNIVERSITY DR 4C
City-St-Zip: DAVIE, FL 33328

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: VICKY SFETCU

_____ Electronic Signature of Signing Officer or Director

T

09/18/2009

_____ Date