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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748279** **(7)**

1. Corporation Name
UNIVERSITY PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 N UNIVERSITY DR PLANTATION FL 33124	C/O ~~POFFENBARGER REALTY, INC.~~ ~~1720 N.W. 95TH AVE~~ ~~PLANTATION FL 33322~~ ~~US~~ P.A. Lethbridge & Co

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	07/30/1979
21	26 100 S. Pine Island Rd	4. FEI Number	59-2005776 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #200	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Plantation FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 33324 / Country 30 USA	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POFFENBARGER, MARK A. 1720 NW 95 AVE PLANTATION FL 33322	81 Name: P.A. Lethbridge & Co 82 Street Address (P.O. Box Number is Not Acceptable): 100 S. Pine Island Rd #200 83 84 City: Plantation FL 85 Zip Code: 33324

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: Robert S. White 3/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, BOB		1.2 NAME	
STREET ADDRESS	201 N. UNIV. DR. #105		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	
TITLE	S/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, DAVID, DR.		2.2 NAME	
STREET ADDRESS	201 UNIV.DR.,#106		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTEL, FRANK, DR.		3.2 NAME	
STREET ADDRESS	201 N. UNIV. DR. #112		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Robert S. White 3/18/98 954 4732577