2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 748279

FILED Jan 03, 2008 Secretary of State

Entity Name: UNIVERSITY PARK CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 201 N UNIVERSITY DR. 201 N UNIVERSITY DR. PLANTATION, FL 33124 PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** PALETHBRIDGE & CO S PINE ISLAND RD, #202 PLANTATION, FL 33324 US FEI Number: 59-2005776 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: Name and Address of New Registered Agent: PA LETHBRIDGE & CO. CRES PA LETHBRIDGE & CO. 100 S PINE ISLAND RD 100 S PINE ISLAND RD #200 #202 PLANTATION, FL 33324 US PLANTATION, FL 33324 US 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: PA LETHBRIDGE & CO 01/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition WHITE, BOB, Name: Name: 201 N. UNIV. DR. #105 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: RIZZO, JOSEPH Name: Address: 201 N. UNIVERSITY DR. #103 Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: () Delete Title: (X) Change () Addition SPINNER, STEVEN Name: SIMON, DAVID Name: 201 N. UNIVERSITY DR #110 201 N. UNIVERSITY DR #106 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

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: BARRY LETHBRIDGE MGR 01/03/2008