

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767482

1. Entity Name

UNIVERSITY MAPLEWOOD TOWNHOUSES ASSOCIATION, INC

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90024 045 ****61.25

Principal Place of Business

Mailing Address

9698 N.W. 14TH STREET
 CORAL SPRINGS FL 33071

9698 N.W. 14TH STREET
 CORAL SPRINGS FL 33071-5959

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2512205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAATHOFF, ANNE M.
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **MITCHELL, FRED**
 STREET ADDRESS **9754 NW 14TH STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HAWS, DIANE**
 STREET ADDRESS **9768 NW 14TH STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SMITH, PATRICIA**
 STREET ADDRESS **9784 N.W. 14TH STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **PALERMO, TERESA**
 STREET ADDRESS **9808 NW 14TH ST**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **NAAR, LORNA**
 STREET ADDRESS **9796 NW 14TH STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SIANSKY, LARRY**
 STREET ADDRESS **9728 NW 14 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)