


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90049 036 ****61.25

DOCUMENT # 767482	
1. Entity Name UNIVERSITY MAPLEWOOD TOWNHOUSES ASSOCIATION, INC.	

Principal Place of Business 9365 W. SAMPLE ROAD #203 POMPANO BEACH, FL 33065	Mailing Address PO BOX 8506 CORAL SPRINGS, FL 33075
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50018965



2. Principal Place of Business <u>9365 W. SAMPLE ROAD</u>	3. Mailing Address
Suite, Apt. #, etc. <u>#203</u>	Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State <u>CORAL SPRINGS FL</u>	City & State
Zip <u>33065</u>	Country

4. FEI Number <u>59-2512205</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAATHOFF, ANNE M. 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent Name <u>CONDO MANAGEMENT ALTERNATIVE</u> Street Address (P.O. Box Number is Not Acceptable) <u>9365 W. SAMPLE ROAD #203</u> City <u>CORAL SPRINGS</u> FL Zip Code <u>33065</u>

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 Ronald Saathoff RONALD SAATHOFF DATE 2/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIANSKY, LARRY PO BOX 8506 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PALERMO, TERESA P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIEBERT, DEBORAH PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, PATRICIA PO BOX 8506 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKINSON, LIZBETH PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA, LORRAINE P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTHWELL, MICHAEL P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Siansky / LARRY SIANSKY DATE 2/19/05 DAYTIME PHONE # 954-752-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR