


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90009 048 \*\*\*\*61.25

<b>DOCUMENT # 767482</b>					
1. Entity Name <b>UNIVERSITY MAPLEWOOD TOWNHOUSES ASSOCIATION, INC.</b>					
Principal Place of Business <b>9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>PO BOX 8506 CORAL SPRINGS, FL 33075</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2512205</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CONDO MANAGEMENT ALTERNATIVE</b> <b>9365 W. SAMPLE ROAD #203</b> <b>CORAL SPRINGS, FL 33065</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIANSKY, LARRY		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALERMO, TERESA		NAME		
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, LORRAINE		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, PATRICIA		NAME	<b>D</b> <b>SESSLER, PATRICIA</b>	
STREET ADDRESS	PO BOX 8506		STREET ADDRESS	<b>P.O. Box 8506</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROTHWELL, MICHAEL		NAME	<b>6</b> <b>SMITH LORI</b>	
STREET ADDRESS	PO BOX 8506		STREET ADDRESS	<b>P.O. Box 8506</b>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Larry Siansky</i> LARRY SIANSKY - President</b>			<b>2/19/06</b>		<b>954-752-4796</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>