


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007248

1. Entity Name
UNIVERSITY PROFESSIONAL PLAZA UNIT OWNERS' ASSOCIATION, INC.



Principal Place of Business 8200 W. SUNRISE BLVD. SUITE D-2 PLANTATION, FL 33322	Mailing Address 8200 W. SUNRISE BLVD. SUITE D-2 PLANTATION, FL 33322
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01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2345476	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREVD A, PAUL
 8200 W. SUNRISE BLVD.
 SUITE D-2
 PLANTATION, FL 33322**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STITZER, TED 6574 N. STATE ROAD 7, #334 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREVD A, PAUL 8200 W. SUNRISE BLVD. #D-2 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANKAR, MURALI DR. 8200 W. SUNRISE BLVD. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORN, SAM DR. 8200 W. SUNRISE BLVD. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YANG, JAMES DR. 8200 W. SUNRISE BLVD. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000194612
 01/25/05-80108-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PAUL BREVD A SECRETRESS 1/21/05 954 370 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #