2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000007248

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

Principal Place of Business	Mailing Address
8200 W. SUNRISE BLVD. SUITE D-2 PLANTATION, FL 33322	8200 W. SUNRISE BLVD. SUITE D-2 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2345476
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BREVDA, PAUL
8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322

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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 _____ DATE
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, 2007

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

000000673947
02/06/07-80005-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STITZER, TED
STREET ADDRESS	6574 N. STATE ROAD 7, #334
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	ST
NAME	BREVDA, PAUL
STREET ADDRESS	8200 W. SUNRISE BLVD. #D-2
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	VPD
NAME	SHANKAR, MURALI DR.
STREET ADDRESS	8200 W. SUNRISE BLVD.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	VPD
NAME	DORN, SAM DR.
STREET ADDRESS	8200 W. SUNRISE BLVD.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	OLIVER, ANGELO
STREET ADDRESS	536 E MAIN ST
CITY-ST-ZIP	PATCHOGUE, NY 11772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ Sec/Treas 1/29/07 370 954 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #