

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 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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01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2345476	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREVDA, 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 _____
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**

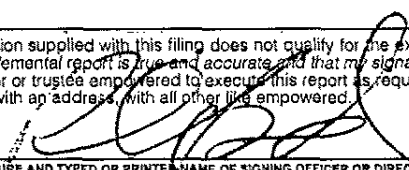
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

02/06/07-80005-016 61.25

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

**DO NOT WRITE
IN THIS SPACE**

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 1/19/07 370 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #