2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2008 8:00 am DOCUMENT # N04000011148 **Secretary of State** 1. Entity Name 03-03-2008 90194 003 ****61.25 UNIVERSITY COMMONS CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 222 US HWY ONE 222 US HWY ONE TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-2255248 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKERM KRIVOK & STOLOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1818 AUSTRALIAN AVE S SUITE 400 WEST PALM BEACH FL 33409 City 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 Signature, typed or printed came of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delate TITLE Change Addition KRIELOW, GARY R HAME 500 UNIVERSITY BLVD., SUITE 215 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 City-St-ZtP CITY-ST-ZIP VD TITLE X Delete TITLE Change Addition SMITH, JOSHUA NAME Stein, Roberta 500 UNIVERSITY BLVD. STE 209 STREET ADDRESS STREET ADDRESS 500 University Blvd., Ste 208 Jupiter, FL 33458 JUPITER FL 33458 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition POMERANTZ; RICHARD NAME: NAME 600 UNIVERSITY BLVD STE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME BREUER, GABRIEL NAME 600 UNIVERSITY BLVD STE 200 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP THE Delete VD **Change** TITLE Addition VOGEL, CRAIG NAME MAME 500 UNIVERSITY COMMONS, SUITE 208 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 at other like empowered PRES. DENT

SIGNATURE:

FILED

564-194-1040