

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32467** (5)

1. Corporation Name

**UNITED PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

4123 UNIVERSITY BLVD. S.  
SUITE B  
JACKSONVILLE FL 32216

4123 UNIVERSITY BLVD. S.  
SUITE B  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified  
**05/23/1989**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite B**

27 **Suite B**

23 City & State

28 City & State

24

25

Country

29

Zip

30

Country

4. FEI Number  
**59-2768995**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, ROBERT A.  
3030 HARTLEY ROAD  
SUITE 200  
JACKSONVILLE FL 32257**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BHIDE, VASANT P.</b>	
STREET ADDRESS	<b>112 CYPRESS LANDING</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SHAH, GAURANG</b>	
STREET ADDRESS	<b>11545 TRUXTON COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PRABHU, SUDHIR L.</b>	
STREET ADDRESS	<b>2817 FOREST CIR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>KHOSRAVI, HORMOZ</b>	
STREET ADDRESS	<b>3265 FRONT RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BEHZADI, FARAMARZ</b>	
STREET ADDRESS	<b>3544 SUNNYSIDE DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD SHAH GAURANG.</b>
2.3 STREET ADDRESS	<b>1301 Riverbirch Lane</b>
2.4 CITY-ST-ZIP	<b>Jacksonville FL 32207</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sudhir L. Prabhu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4117196

Date

(904) 731-2300

Daytime Phone #

CR2E037 (12/95)