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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32467

(5)

UNITED PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						- I TODUITOT BAN INIUP IIDNA OTOKO BANA NOBI DEGIL BINKI DIDNA DIDNI DIDNI DIDNI DIDNI			
·		<u> </u>							
(123 universit) Suite B	BLVD. S.	4123 UNIVERSITY BLVD. S. Suite B							
JACKSONVILLE F	FL 32216	JACKSONVILLE FL 32216-4320				T-2			
US		U\$			3. Date Incorporated or Qualified 05/23/1989	3a. Da	te of Last 15/21/19	Report 96	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number 59-2768995			opplied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E. C. William & Old to Book at			Additional	
22		27			5. Certificate of Status Desired			Pequired	
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
^Ζ ·ρ	Country	Zip	_ Cour	ntry		8. This corporation has liability for i			s. 199.032,
24	25		10			Florida Statutes 10. Name and Address of New Re	Yes		
	9. Name and Address of Curren	t negistered Agent		61	Name	10, Name and Address of New He	gratered .	Agent	
5000 00	Opene A		L		144110				
FORD, RO			82			ess (P.O. Box Number is Not Acceptab	le)		
SUITE 20	RTLEY ROAD	83							
	WILLE FL 32257		1	. \					
			-	84	City		FL	, `	Code
11. Pursuant i	to the provisions of Sections 617.050, egistered agent, or both, in the State	2 and 617.1508, Florida Statutes of Florida, Such change was au	s, the ab	ove I by	named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of	f changing cintment a	its registered s registered
agent. I a	m lamiliar with, and accept the obliga	ations of, Section 617.0503, Flori	da Stati	ites	i.		, upp		
SIGNATURE									
Signature Typed or printed name of registered agent and little # applicable. (NOTE: F 12. OFFICERS AND DIRECTORS				Registered Agent signature requi		ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIBECTO	IRS IN 12
TITLE	PD	DELETE				ADDITIONO/OF VARIABLE TO OFF TO	CITO PAINE	Change	
NAME	BHIDE, VASANT P.	L_ DELETE 1.1°							
STREET ADDRESS	112 CYPRESS LANDING			1.3 STREET ADDRESS					
CITY - ST - ZIP	JACKSONVILLE FL				T-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE					☐ Chaлge	Addition
NAME	GAURANG, SHAH		2.2 NA	MÉ					
STREET ADDRESS	301 RIVERBIRCH LANE			reet.	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			TY - \$	ST-ZIP				
TITLE	TD	☐ DELETE 3.1						Change	Addition
NAME	PRABHU, SUDHIR L								
STREET ADDRESS	2817 FOREST CIR				ADDRESS				
CITY - ST - ZIP				3.4. CiTY-ST-ZIP				Change	Addition
TITLE	SD PURCEAUS HODBOT	TTI NETELE	4.1 TITLE					Li ∩iaiiQe	
NAME Atotet Apopess	KHOSRAVI, HORMOZ		4. 2 NAME		ADDDECC				
STREET ADDRESS	3265 FRONT RD. JACKSONVILLE FL		4.3 STREE		1				
CITY-ST-ZIP TITLE	D D	DELETE	4.4 CITY- 5,1 TITLE		1-20			Change	Addition
NAME	BEHZADI, FARAMARZ		5.2 NA		1				
STREET ADDRESS	3544 SUNNYSIDE DR.				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CIT						
TITLE		DELETE	6.1 TIT			······································		Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6351	REET	ADDRESS				
	1				1				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-14-9-

904-636-9100

FILED

Jan 28 1997 8:00am

Secretary of State