

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728764

FILED
Apr 30, 2008
Secretary of State

Entity Name: UNIVERSITY MANORS CONDOMINIUM NUMBER THREE,INC.

Current Principal Place of Business:

2060 NW 81 AVENUE
#330
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2060 NW 81 AVENUE
#330
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-1579281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIVERSITY MANOR CONDOMINIUM NUMBER THREE.
2060 NW 81 AVENUE
#330
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEVENSON, DAVID
Address: 2060 NW 81 AVENUE, #321
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: SANTOS, CLAUDIA
Address: 2060 NW 81 AVE #319
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SDT () Delete
Name: MICHAEL, KELLY ANN
Address: 2060 NW 81 AVE #315
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SANTOS, CLAUDIA
Address: 2060 NW 81 AVENUE, #319
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPRE (X) Change () Addition
Name: MICHAEL, KELLY ANN
Address: 2060 NW 81 AVE #315
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SCC (X) Change () Addition
Name: LEVENSON, DAVID
Address: 2060 NW 81 AVE #321
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TRES () Change (X) Addition
Name: ALVAREZ, JOSE
Address: 2060 NW 81 AVE # 328
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA SANTOS

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date