

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728764

FILED  
Jun 02, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SCC (X) Change ( ) Addition  
Name: BAUTISTA, JAIME  
Address: 2060 NW 81 AVE #318  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

06/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date