


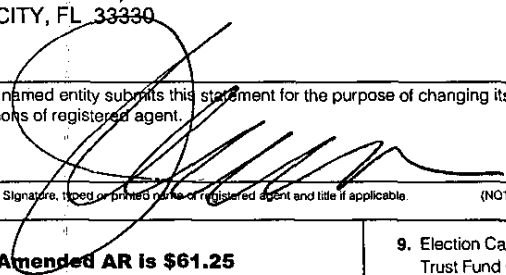
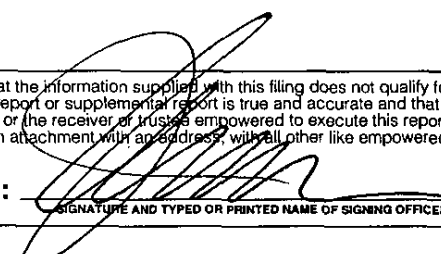
# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 10 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 730393</b>			
1. Entity Name UNIVERSITY FEDERAL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2222 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Mailing Address 12240 SW 53 STREET SUITE 512 COOPER CITY, FL 33330	
2. Principal Place of Business		3. Mailing Address <i>2199 Ponce de Leon Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 304</i>	
City & State		City & State <i>Coral Gables</i>	
Zip	Country	Zip	Country
		<i>33134</i>	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, GEOFFREY CONTINENTAL MGMT. SOLUTIONS, INC. 12240 SW 53 STREET, SUITE 512 COOPER CITY, FL 33330		Name <i>Jeffrey E. Eshman Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2199 Ponce de Leon Blvd</i> <i># 304</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
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 		DATE <i>8/6/04</i>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENWALD, ALLEN 1320 S DIXIE HWY CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Alberto Lensi 3000 NW 125 St Miami FL 33167 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIDE, ANTHONY 7333 CORAL WAY MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Heidi Eckes-Chantre 3000 NW 125 St Miami FL 33167 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUILFORD, FRANK W JR 2222 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200040264748-SC</i> <i>08/14/04--01001--001</i> **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800040264748</i> <i>08/18/04--01003--001</i> **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.			
SIGNATURE: 		DATE <i>8/6/04</i> 305-4604449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	