

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730393

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** UNIVERSITY FEDERAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2222 PONCE DE LEON BLVD.  
SUITE 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2199 PONCE DE LEON BLVD  
SUITE 304  
CORAL GABLES, FL 33134

**New Mailing Address:**

3000 NW 125 STREET  
MIAMI, FL 33167

**FEI Number:** 20-1554743 **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:**

LEHRMAN, JEFFREY E  
2199 PONCE DE LEON BLVD #304  
CORAL GABLES, FL 33134 US

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

LEHRMAN, JEFFREY E  
2222 PONCE DE LEON BOULEVARD SUITE 500  
CORAL GABLES, FL 33134 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: JEFFREY E LEHRMAN, ESQ.

06/30/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LENS, ALBERTO  
Address: 3000 NW 125 STREET  
City-St-Zip: MIAMI, FL 33167

Title: DV ( ) Delete  
Name: ECKES-CHANTRE, HEIDI  
Address: 3000 NW 125 STREET  
City-St-Zip: MIAMI, FL 33167

Title: DST ( ) Delete  
Name: GUILFORD, FRANK W JR  
Address: 2222 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERTO LENS

DP

06/30/2005

Electronic Signature of Signing Officer or Director

Date