2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90016 021 ****61.25

DOCUMENT # 730393

1. Entity Name
UNIVERSITY FEDERAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2222 PONCE DE LEON BLVD. SUITE 150 CORAL GABLES, FL 33134	2222 PONCE DE LEON BLVD. SUITE 150 CORAL GABLES, FL 33134

40030156

01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1554743
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LENSI, ALBERTO
STREET ADDRESS	~~3000 NW 125 STREET~~ 2222 PONCE DE LEON BLVD SUITE 150
CITY-ST-ZIP	~~MIAMI, FL 33167~~ CORAL GABLES, FL 33134
TITLE	DV
NAME	ECKES-CHANTRE, HEIDI
STREET ADDRESS	~~3000 NW 125 STREET~~ 2222 PONCE DE LEON BLVD. SUITE 150
CITY-ST-ZIP	~~MIAMI, FL 33167~~ CORAL GABLES, FL 33134
TITLE	DST
NAME	~~GUILFORD, FRANK W JR~~
STREET ADDRESS	~~2222 PONCE DE LEON BLVD., PH~~
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Harve Ellison 2/12/08 (305)4426472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

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Principal Place of Business	Mailing Address
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☐ Not Applicable

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LEHRMAN, JEFFREY E
2222 PONCE DE LEON BOULEVARD SUITE 600
CORAL GABLES, FL 33134

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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LENSI, ALBERTO
STREET ADDRESS	~~3600 NW 125 STREET~~ 2222 PONCE DE LEON BLVD SUITE 150
CITY-ST-ZIP	~~MIAMI, FL 33167~~ CORAL GABLES, FL 33134
TITLE	DV
NAME	ECKES-CHANTRE, HEIDI
STREET ADDRESS	~~3000 NW 125 STREET~~ 2222 PONCE DE LEON BLVD SUITE 150
CITY-ST-ZIP	~~MIAMI, FL 33167~~ Coral
TITLE	DST
NAME	~~GUILFORD, FRANK W JR~~
STREET ADDRESS	~~2222 PONCE DE LEON BLVD., PH~~
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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SIGNATURE: _____ 2/12/08 305 442 6472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #