

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730393

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD.  
SUITE 150  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2222 PONCE DE LEON BLVD.  
SUITE 150  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1554743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEHRMAN, JEFFREY E  
2222 PONCE DE LEON BOULEVARD SUITE 500  
CORAL GABLES, FL 33134 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  
Name: LENS, ALBERTO  
Address: 2222 PONCE DE LEON BLVD STE 150  
City-St-Zip: MIAMI, FL 33134

Title: DV  
Name: ECKES-CHANTRE, HEIDI  
Address: 2222 PONCE DE LEON BLVD STE 150  
City-St-Zip: MIAMI, FL 33134

Title: DST  
Name: TABET, KIM  
Address: 2222 PONCE DE LEON BLVD STE 150  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ALBERTO LENS

DP

03/11/2011

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

\_\_\_\_\_  
Date