FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736224 (7)

1. Corporation Name UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION INC.
~~UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.~~
~~[illegible]~~

Principal Place of Business: 755 NW 84TH LN, CORAL SPRINGS FL 33071

Mailing Address: 755 NW 84TH LN, CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1773924 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PARETTA, ANTHONY L., JR.
755 N.W. 84TH LANE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

100001532601
-07/07/95--01066--012
****130.00 ****130.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, MARYLOU	1.2 NAME	
STREET ADDRESS	1800 NW 4TH AVE #7A	1.3 STREET ADDRESS	DeLete
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	CCT	2.1 TITLE	☐ Change ☐ Addition
NAME	LUNNING, ANNE	2.2 NAME	
STREET ADDRESS	1800 NW 4TH AVE #13	2.3 STREET ADDRESS	DeLete
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	President (D) ☒ Change ☐ Addition
NAME	MC GUIN, TUESDEE	3.2 NAME	McGuin, Tuesdee
STREET ADDRESS	1800 N.W. 4TH AVENUE #4	3.3 STREET ADDRESS	1800 NW 4th Ave - Apt. 4
CITY-ST-ZIP	BOCA RATON, FL 00000	3.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	D	4.1 TITLE	Treasurer & Secretary ☒ Change ☐ Addition
NAME	PARETTA, A.	4.2 NAME	Paretta, Anthony L. Jr (D)
STREET ADDRESS	755 NW 84TH LANE	4.3 STREET ADDRESS	755 NW 84th Lane
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		5.1 TITLE	Vice President (D) ☐ Change ☒ Addition
NAME		5.2 NAME	Karen McGuin
STREET ADDRESS		5.3 STREET ADDRESS	1800 NW 4th Ave - Apt 13
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE		6.1 TITLE	Director (D) ☐ Change ☐ Addition
NAME		6.2 NAME	Lance Bailey
STREET ADDRESS	7/5, 7/5/95	6.3 STREET ADDRESS	1800 NW 4th Ave - Apt 13A
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton, FL 33432

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony L. Paretta Jr Treasurer & Secretary 4/18/95 305 712-4073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004060