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FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 736224 (7)

1. Corporation Name
UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 NW 4TH AVE APT 13A BOCA RATON FL 33432 US	1800 NW 4TH AVE APT 13A BOCA RATON FL 33432 US

3. Date Incorporated or Qualified: 06/28/1976

4. FEI Number: 59-1773924 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ~~1800 NW 4TH AVE~~	26 1800 NW 4TH AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. UNIT 16
23 City & State	28 City & State BOCA RATON, FL
24 Zip / 25 Country	29 Zip 33432 / 30 Country US

9. Name and Address of Current Registered Agent

BAILEY, LANCE F
1800 NW 4TH AVE
APT 13A
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: REIN LUNING
82 Street Address (P.O. Box Number is Not Acceptable): 123 NW 13 ST #214-1
83
84 City: BOCA RATON FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TS	☒ DELETE	1.1 TITLE	ST	☒ Change ☒ Addition
NAME	BAILEY, LAUCE		1.2 NAME	REIN LUNING	
STREET ADDRESS	1800 NW 4TH AVE. APT. 13A		1.3 STREET ADDRESS	P.O. BOX 816	N/A
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGUIRE, KAREN		2.2 NAME		
STREET ADDRESS	1800 NW 4TH AVE #13		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRADMAN, MARY RUTH		3.2 NAME		
STREET ADDRESS	1800 NW 4TH AVE APT 7A		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARETTA, ANTHONY L. JR.		4.2 NAME		
STREET ADDRESS	755 NW 84TH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TILTON, LISA		5.2 NAME		
STREET ADDRESS	1800 NW 4TH AVE APT 3A		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: _____ 4/24/98 561-362-4888