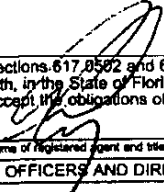


FILED
May 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736224 1. Corporation Name UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1800 NW 4TH AVE APT 13A BOCA RATON FL 33432 US			Mailing Address 1800 NW 4TH AVE APT 16 BOCA RATON FL 33432 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/28/1976 4. FEI Number 59-1773924 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LUNING, REIN 123 NW 13TH STREET SUITE 214-1 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) C/O BOCA PINES CONDO ASSOC 83 1800 NW 4 AVE - UNIT 16 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 4/17/99 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	ST	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LUNING, REIN		1.2 NAME	MORRIS HAKIM	
STREET ADDRESS	P.O. BOX 816		1.3 STREET ADDRESS	1012 BEL AIR DR.	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	P	☒ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GRADMAN, MARY RUTH		2.2 NAME	SUE HATHWEH	
STREET ADDRESS	1800 NW 4TH AVE APT 7A		2.3 STREET ADDRESS	1800 NW 4 AVE #15	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	☒ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	PARRETTA, ANTHONY L. JR.		3.2 NAME	ANTHONY RAMASAR	
STREET ADDRESS	755 NW 84TH LANE		3.3 STREET ADDRESS	1800 NW 4 AVE #6A	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TILTON, LISA		4.2 NAME		
STREET ADDRESS	1800 NW 4TH AVE APT 3A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		



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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, with all other like empowered.

SIGNATURE:

SIGNATURE REIN LUNING

Date

4/17/99

Daytime Phone #

561-395-1815