2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90782 048 ****61.25

0034857

DOCUMENT # 736224

1. Entity Name

UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 NW 4TH AVE APT 16 . BOCA RATON FL 33432 US	1800 NW 4TH AVE APT 16 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

LUNING, REIN
% BOCA PINES CONDO ASSOC.
UNIT 16
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name SAUER ROBERT

Street Address (P.O. Box Number is Not Acceptable)

2298 NW 2 AVE # 11

City BOCA RATON **FL** Zip Code 33431

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.

SIGNATURE Robert R Sauer 4-2-02

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LUNING, REIN P.O. BOX 816 BOCA RATON FL 33432	☒ Delete	P MORRIS HAKIM 1012 BEL AIR DRIVE HIGHLAND Bch FL. 33487	☑ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUER, ROBERT 2298 NW 2ND AVE #11 BOCA RATON FL 33431	☐ Delete	ST ROBERT R. SAUER 2298 NW 2 AVE #11 BOCA RATON FL 33431	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. HATHWEH, SUE 1800 NW 4 AVE 315 BOCA RATON FL 33432	☒ Delete	P ANTHONY BAMASAR 1800 NW 4 AVE # 6A BOCA RATON FL. 33432	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAROLKOWSKI, DIANE 1800 NW 4TH AVE # 12A BOCA RATON FL 33432	☒ Delete	VP NILI HAKIM 1012 BEL AIR DR. HIGHLAND Bch FL. 33487	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEBB, STEVEN 970 S.W. 3RD ST BOCA RATON FL 33486	☒ Delete	ANAT HAKIM D 1012 BEL AIR DR. HIGHLAND Bch FL 33487	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/01)

12. 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 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: Robert R Sauer REQUIRED 4-2-02 561 395 5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #