

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 736224

1. Entity Name
**UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**1800 NW 4TH AVE
APT 16
BOCA RATON, FL 33432 US**

Mailing Address
**1800 NW 4TH AVE
APT 16
BOCA RATON, FL 33432 US**



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**HAKIM, MORRIS M
1012 BEE AIR DR
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HAKIM, MORRIS
STREET ADDRESS	1012 BEL AIR DRIVE
CITY - ST - ZIP	HIGHLAND BCH, FL 33487
TITLE	D
NAME	CHENG, VALENTIN
STREET ADDRESS	8545 BOCE RIO RD.
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	HATHWEH, SUE
STREET ADDRESS	1800 NW 4TH AVE #15
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	P
NAME	HAKIM, NILI
STREET ADDRESS	1012 BEL AIR DR.
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	HAKIM, ANAT
STREET ADDRESS	1012 BEL AIR DR.
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000229287
02/14/05-BUD74-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS M. HAKIM

Date

2-9-05 561 654-4509

Daytime Phone #