## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#736224** 

FILED Apr 30, 2006 Secretary of State

Entity Name: UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1800 NW 4TH AVE

APT 16

BOCA RATON, FL 33432 US

Current Mailing Address: New Mailing Address:

1800 NW 4TH AVE

APT 16

BOCA RATON, FL 33432 US

**OFFICERS AND DIRECTORS:** 

FEI Number: 59-1773924 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAKIM, MORRIS M RAMASAR, ANTHONY
1012 BEE AIR DR 1800 NW 4TH AVENUE

BOCA RATON, FL 33487 US APT 6A
BOCA RATON, FL 33432 US

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: ANTHONY RAMASAR 04/30/2006

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: ST () Delete Title: P (X) Change () Addition

 Name:
 HAKIM, MORRIS
 Name:
 RAMASAR, ANTHONY

 Address:
 1012 BEL AIR DRIVE
 Address:
 1800 NW 4TH AVENUE

 City-St-Zip:
 HIGHLAND BCH, FL 33487
 City-St-Zip:
 BOCA RATON, FL 33432

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

Name: CHENG, VALENTIN Name: QUIST, CHAD

 Address:
 8545 BOCE RIO RD.
 Address:
 1800 NW 4TH AVENUE #16

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33432

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HATHWEH, SUE
 Name:

 Address:
 1800 NW 4TH AVE #15
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:

Title: P (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HAKIM, NILI
 Name:

 Address:
 1012 BEL AIR DR.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HAKIM, ANAT
 Name:

 Address:
 1012 BEL AIR DR.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY RAMASAR P 04/30/2006