

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736224

FILED
Jan 22, 2009
Secretary of State

Entity Name: UNIVERSITY HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1773924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIST, CHAD
102 SE RIO CASARANO
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

QUIST, CHAD D
102 SE RIO CASARANO
PORT ST LUCIE, FL 34984 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: CHAD D QUIST

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUIST, CHAD
Address: 102 SE RIO CASARANO
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP () Delete
Name: SAUER, ROBERT
Address: 2298 SW 2ND AVE, #11
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: BANNER, EULA
Address: 1800 NW 4TH AVE, UNIT 3
City-St-Zip: BOCA RATON, FL 33432

Title: S/T () Delete
Name: QUIST, AUDRA
Address: 102 SE RIO CASARANO
City-St-Zip: PORT ST LUCIE, FL 34948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUIST, CHAD D
Address: 102 SE RIO CASARANO
City-St-Zip: PORT ST LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHAD D QUIST

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date