

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736224

**FILED**  
**Jan 07, 2010**  
**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 D  
102 SE RIO CASARANO  
PORT ST LUCIE, FL 34984 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHAD QUIST

MGRM

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date