2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 30, 2007 8:00 am Secretary of State

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DOCU 1. Entity Narr UNIVERS ASSOCIA				1-30-2007		. ****61	.25		
Principal Place of Business 2712 S UNIVERSITY DR DAVIE, FL 33328 US		Mailing Address C/O ROYAL PROPERTY MGMT. 8317 W ATLANTIC BLVD CORAL SPRINGS, FL 33071 US			_			81851 84814 9 18	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222007 C	hg-NP	CR2E037	(12/06)	
City & State		City & State			GE 7407640		plied For t Applicabl		
Zip	Country	Zip	Country		5. Certificate of S		⊢ È	8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New F	Registered A	gent	
8317 WES	ROPERTY MANAGEMENT, IN IT ATLANTIC BLVD PRINGS, FL 33071	C.	Street A	Address (P.O. Box Number is	Not Acceptable	(e)		
	named entity submits this statement fo		City		·····		FL	Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agent: Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car	E: Registered Agent signs mpaign Financing Contribution.	dure required	\$5.00 May Be Added to Fees		DATE fake check rida Departr		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLAYER, DON 2724 SOUTH UNIVERSITY DR DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLO 272	Lyer, Dona Ly s. Univ	LD usity [Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALERNO, RON 2718 S UNIVERSITY DR., 17D DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2718 Dau	Ano, Ron S. Univer	sity De 3328	`	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIRRABELLA, DONNA 2738 SOUTH UNIVERSITY DR DAVIE, FL 33328	△ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27/1	rry, Catha 8 S Univer 11e FL	5144 DVI		□ Change 4	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTEN, PAUL 2712 S UNIVERSITY DR., 45-C DAVIE, FL 33328	🗷 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				I	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 objective empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #