

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758989

FILED
Apr 30, 2007
Secretary of State

Entity Name: UNIVERSITY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 9515
CORAL SPRING, FL 33075

New Principal Place of Business:

3881 NW 100 AVENUE
CORAL SPRING, FL 33065

Current Mailing Address:

P O BOX 9515
CORAL SPRING, FL 33075

New Mailing Address:

PO BOX 8463
CORAL SPRING, FL 33075

FEI Number: 59-2112131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, JUDITH A
1335 NW 94TH WAY
CORAL SPRINGS, FL 33071 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: D () Delete
Name: WEINER, JUDITH A
Address: 1335 N.W. 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P () Delete
Name: RADZIOWON, PHILIP
Address: 9563 N.W. 2ND PL
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST () Delete
Name: MITCHELL, PATRICIA
Address: 1349 N.W. 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: IMBURGIA, LINDA
Address: 8558 NW 27 DR
City-St-Zip: CORAL SPRINGS, FL

Title: DST () Delete
Name: MITCHELL, PATRICA
Address: 1349 NW 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: IMBURGIA, JOHN
Address: 8556 N.W. 27TH DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: RADZIOWON, PHILIP
Address: 9563 N.W. 2ND PL
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: P (X) Change () Addition
Name: IMBURGIA, LINDA
Address: 8558 NW 27 DR
City-St-Zip: CORAL SPRINGS, FL 33065

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: SIMONA ANGELO

MG

04/30/2007

Electronic Signature of Signing Officer or Director

Date