

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90071 017 ****61.25

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1. Entity Name
**UNIVERSITY PARC RESIDENCES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**%MIAMI MGMT INC
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323**

Mailing Address
**%MIAMI MGMT INC
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1134657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZMAN & KORR
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEEDS, DAN
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE President ☒ Change ☐ Addition
NAME Dan Leeds
STREET ADDRESS 1145 Sawgrass Corp Parkway
CITY-ST-ZIP Sunrise, FL 33323

TITLE BM ☐ Delete
NAME VIGGIANO, LOU
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE Vice President ☒ Change ☐ Addition
NAME Gary Miller
STREET ADDRESS 1145 Sawgrass Corp Parkway
CITY-ST-ZIP Sunrise, FL 33323

TITLE SD ☐ Delete
NAME NATGE, ATTUKA
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE Secretary ☒ Change ☐ Addition
NAME Jeanine McKenzie
STREET ADDRESS 1145 Sawgrass Corp Parkway
CITY-ST-ZIP Sunrise, FL 33323

TITLE VP ☐ Delete
NAME MILLER, CARY
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE Treasurer ☒ Change ☐ Addition
NAME Robert Kesser
STREET ADDRESS 1145 Sawgrass Corporate Parkway
CITY-ST-ZIP Sunrise, FL 33323

TITLE T ☐ Delete
NAME COLETTA, RONALD
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE Director ☒ Change ☐ Addition
NAME Lou Viggiano
STREET ADDRESS 1145 Sawgrass Corp Parkway
CITY-ST-ZIP Sunrise, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
NAME ~~XX~~ Lori Lantz
STREET ADDRESS 1145 Sawgrass Corp Parkway
CITY-ST-ZIP Sunrise, FL 33323

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 other like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-06

954-846-7545