
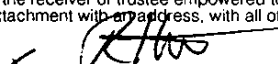


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90082 033 ****61.25

DOCUMENT # N01000004620 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1134657	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	DIRECTOR	LEEDS, DAN	1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	MILLER, GARY	1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PRESIDENT	MCKENZI, JEANINE	1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T/S	KESSER, ROBERT	1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	VIGGIANO, LOU	1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323		
	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	LANTZ, LORI	145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.					
SIGNATURE: 				213-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	