

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007248

FILED
Apr 23, 2009
Secretary of State

Entity Name: UNIVERSITY PROFESSIONAL PLAZA UNIT OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322

New Mailing Address:

7300 W MCNAB ROAD
SUITE 119
TAMARAC, FL 33321

FEI Number: 59-2345476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREVDA, PAUL
8200 W. SUNRISE BLVD.
SUITE D-2
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

BREVDA, PAUL
7300 W MCNAB ROAD
SUITE 119
TAMARAC, FL 33321 US

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: PAUL BREVDA

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STITZER, TED
Address: 6574 N. STATE ROAD 7, #334
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST () Delete
Name: BREVDA, PAUL
Address: 8200 W. SUNRISE BLVD. #D-2
City-St-Zip: PLANTATION, FL 33322

Title: VPD () Delete
Name: SHANKAR, MURALI DR.
Address: 8200 W. SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33322

Title: VPD () Delete
Name: DORN, SAM DR.
Address: 8200 W. SUNRISE BLVD.
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: OLIVER, ANGELO
Address: 536 E MAIN ST
City-St-Zip: PATCHOGUE, NY 11772

Title: VPD () Delete
Name: GRENIER, ANDRE
Address: 8200 W SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: BREVDA, PAUL
Address: 7300 W MCNAB ROAD
City-St-Zip: PLANTATION, FL 33321

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

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

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: PAUL BREVDA

ST

04/23/2009

Electronic Signature of Signing Officer or Director

Date