

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005976**

1. Entity Name  
**UNIVERSAL CENTER CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**6000 TURKEY LAKE ROAD  
SUITE 115  
ORLANDO, FL 32819**

Mailing Address  
**6000 TURKEY LAKE ROAD  
SUITE 115  
ORLANDO, FL 32819**



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1125942**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF, P.A.  
ATTN: CHRIS ALAN DRAPER  
2500 MAITLAND CENTER PARKWAY, SUITE 209  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HENNESSEY, PATRICK
STREET ADDRESS	6000 TURKEY LAKE RD SUITE 208
CITY- ST - ZIP	ORLANDO, FL 32819
TITLE	T
NAME	KOJIC, ZORAN
STREET ADDRESS	6000 TURKEY LAKE RD SUITE 205
CITY- ST - ZIP	ORLANDO, FL 32819
TITLE	S
NAME	GENTRY, SUSAN
STREET ADDRESS	6000 TURKEY LAKE RD SUITE 209
CITY- ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

U00000791974  
01/23/08-80098-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Susan Gentry* 1-15-08 407-648-5252 x23