


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N03000007701 1. Entity Name UNIVERSITY CENTER CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 5198 UNIVERSITY PARKWAY SARASOTA, FL 34243 US | Mailing Address 711 SOUTH OSPREY AVENUE SUITE A SARASOTA, FL 34236 US |
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04112006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 20-0211076 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WILBORN, DONALD 3013 CASEY KEY ROAD NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KAUFFMAN, MARK S 455 LONGBOAT CLUB ROAD, PH4 LONGBOAT KEY, FL 34228 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WILBORN, DAVID R 365 AVENIDA DEL PARADISIO SARASOTA, FL 34242 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACASKILL, JOHN 1416 CEDAR BAY LANE SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000521083
05/02/06-80123-004 61.25

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: Mark Kauffman **14 Apr 06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #