


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000007701		
1. Entity Name UNIVERSITY CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 5198 UNIVERSITY PARKWAY SARASOTA, FL 34243 US	Mailing Address 711 SOUTH OSPREY AVENUE SUITE A SARASOTA, FL 34236 US	



04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

KAUFFMAN, GARY ESQ.
1990 MAON ST. STE 700
SUITE 1
SARASOTA, FL 34236

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing - \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

U00000937533
05/27/08-80053-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILBORN, DONALD
STREET ADDRESS	3013 CASEY KEY ROAD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	DV
NAME	KAUFFMAN, MARK S
STREET ADDRESS	455 LONGBOAT CLUB ROAD, PH4
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	DST
NAME	WILBORN, DAVID R
STREET ADDRESS	365 AVENIDA DEL PARADISIO
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	MACASKILL, JOHN
STREET ADDRESS	1416 CEDAR BAY LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Mark Kauffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 6/08 941-350-6314
Date Daytime Phone #