## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007701

FILED Mar 11, 2009 Secretary of State

Entity Name: UNIVERSITY CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5198 UNIVERSITY PARKWAY SARASOTA, FL 34243

**Current Mailing Address: New Mailing Address:** 

711 SOUTH OSPREY AVENUE 711 SOUTH OSPREY AVENUE SUITE A SUITE 1 SARASOTA, FL 34236 SARASOTA, FL 34236 US

FEI Number: 20-0211076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAUFFMAN, GARY ESQ. KAUFFMAN, GARY ESQ. 1990 MAON ST. STE 700 1990 MAIN ST. SUITE 1 SUITE 700 SARASOTA, FL 34236 US SARASOTA, FL 34236 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: GARY KAUFFMAN 03/11/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change ( ) Addition () Delete WILBORN, DONALD WILBORN, DONALD Name: Name: 3013 CASEY KEY ROAD Address: 3013 CASEY KEY ROAD Address:

City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 US

(X) Change ( ) Addition Title: () Delete Title: KAUFFMAN, MARK S Name: KAUFFMAN, MARK S Name:

Address: 455 LONGBOAT CLUB ROAD, PH4 Address: 455 LONGBOAT CLUB ROAD, PH4

City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: DST () Delete Title: DST (X) Change ( ) Addition WILBORN, DAVID R WILBORN, DAVID R Name: Name:

365 AVENIDA DEL PARADISIO 365 AVENIDA DEL PARADISIO Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 US

( ) Delete Title: Title: (X) Change ( ) Addition

Name: MACASKILL, JOHN Name: MACASKILL, JOHN D Address: 1416 CEDAR BAY LANE Address: 1416 CEDAR BAY LANE City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 US

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: MARK S. KAUFFMAN DV 03/11/2009