

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90034 028 ****61.25

DOCUMENT # N04000004578

1. Entity Name
THE COMMONS AT UNIVERSITY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10100 W SAMPLE RD
 SUITE 300
 CORAL SPRINGS, FL 33065**

Mailing Address
**10100 W SAMPLE RD
 SUITE 300
 CORAL SPRINGS, FL 33065**

40070473



DO NOT WRITE IN THIS SPACE

04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number **20-1118821** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEALEY, DAVID
 10100 W SAMPLE ROAD
 STE 300
 CORAL SPRINGS, FL 33065**

**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 re-registering) 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	PD
NAME	EASTEP, JERRY
STREET ADDRESS	1881 N. UNIVERSITY DR #204
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	S
NAME	HEALEY, DAVID
STREET ADDRESS	10100 W. SAMPLE RD #300
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	T
NAME	DOWNES, JOHN
STREET ADDRESS	1881 N. UNIVERSITY DR #107
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	ELLIS, RON
STREET ADDRESS	1881 N UNIVERSITY DR #202
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	CHRISMAN, KENT
STREET ADDRESS	1881 N UNIVERSITY DR #110
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *David Healey*

4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #