

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000000303

1. Entity Name
UNIVERSITY PLACE A CORPORATE OFFICE CENTER
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5200 S UNIVERSITY DR
FORT LAUDERDALE, FL 33328

Mailing Address
396 ALHAMBRA CIRCLE STE 230
MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40066603



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 14-1876808	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE E
299 ALHAMBRA CIRCLE SUITE 403
CORAL GABLES, FL 33134

Name

Frank Costoya

Street Address (P.O. Box Number is Not Acceptable)

5230 S University Drive, Unit 1030

FL Zip Code
33328

7. 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

3/9/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RUBIN, EDUARDO
STREET ADDRESS 2601 S BAYSHORE DR SUITE 200
CITY-ST-ZIP COCONUT GROVE, FL 33133

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Frank Costoya
5230 S. University Drive, Unit 1030
Davie, FL 33328

TITLE VD
NAME DEBS, ANTONIO
STREET ADDRESS 2601 S BAYSHORE DR SUITE 200
CITY-ST-ZIP COCONUT GROVE, FL 33133

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Jay Evans
5230 S. University Drive, Unit 104D
Davie, FL 33328

TITLE SD
NAME COSTOYA, FRANK
STREET ADDRESS 2601 S BAYSHORE DR SUITE 200
CITY-ST-ZIP COCONUT GROVE, FL 33133

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Thedy Brezault
5220 S. University Drive, Unit 204E
Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Alex Alegre
5200 S. University Drive, Unit 101A
Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Maurice Israel
5240 S. University Drive, Unit 103E
Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

3/9/07

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 119, 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 #