2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N05000000303

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

Current Principal Place of Business:

5200 S UNIVERSITY DR
FORT LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4350 SW 59 AVE., BLDG. A
DAVIE, FL 33314

New Mailing Address:

FEI Number: 14-1876808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAELSON, SHAWN L
7805 SW 6TH CT.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

IRVIN W. NACHMAN, P.A.
4441 STIRLING ROAD
DANIA BEACH, FL 33314 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: IRVIN W. NACHMAN 04/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete
Name: COSTOYA, FRANK
Address: 5230 S. UNIVERSITY DRIVE, UNIT 1030
City-St-Zip: DAVIE, FL 33328

Title: T/D ( ) Delete
Name: EVANS, JAY
Address: 5230 S. UNIVERSITY DRIVE, UNIT 1040
City-St-Zip: DAVIE, FL 33328

Title: P/D ( ) Delete
Name: BREZAULT, THEDY
Address: 5220 S. UNIVERSITY DRIVE, UNIT 2041
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: ALBO, ALEX
Address: 5200 S. UNIVERSITY DRIVE, UNIT 101 A
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: ISRAEL, MAURICE
Address: 5240 S. UNIVERSITY DRIVE, UNIT 103 E
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition
Name: COSTOYA, FRANK
Address: 5230 S. UNIVERSITY DRIVE, UNIT 103 D
City-St-Zip: DAVIE, FL 33328

Title: P/D (X) Change ( ) Addition
Name: EVANS, JAY
Address: 5230 S. UNIVERSITY DRIVE, UNIT 104 D
City-St-Zip: DAVIE, FL 33328

Title: T/D (X) Change ( ) Addition
Name: BREZAULT, THEDY
Address: 5220 S. UNIVERSITY DRIVE, UNIT 204 C
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAY C. EVANS P 04/06/2009
Electronic Signature of Signing Officer or Director Date