

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N06629 1. Entity Name U. H. CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 11041 SW 54 STREET FORT LAUDERDALE, FL 33328		Mailing Address 11041 SW 54 STREET FORT LAUDERDALE, FL 33328	
DO NOT WRITE IN THIS SPACE			
		03142006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0132374	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PISTONE, PIETRO 11041 SW 54 STREET FORT LAUDERDALE, FL 33328		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000475302 04/05/06-80010-005 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PISTONE, PIETRO 11041 SW 54TH ST FT. LAUDERDALE, FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SILLA, GUY 8948 NW 21 ST PEMBROKE PINES, FL 33024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PISTONE, JOSEPHINA MRS 11041 SW 54 ST FORT LAUDERDALE, FL 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	