

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N32467

1. Entity Name
**UNITED PROFESSIONAL OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US**

Mailing Address

**4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216 US**



04272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2768995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRABHU, SUDHIR L MD
4123 UNIVERSITY BLVD. S.
SUITE B
JACKSONVILLE, FL 32216**

**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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000365210

05/09/05-90029-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BHIDE, VASANT P
STREET ADDRESS 112 CYPRESS LANDING
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME GAURANG, SHAH
STREET ADDRESS 1301 RIVERBIRCH LANE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE TD
NAME PRABHU, SUDHIR L
STREET ADDRESS 2817 FOREST CIR
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD
NAME KHOSRAVI, HORMOZ
STREET ADDRESS 3265 FRONT RD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME BEHZADI, FARAMARZ
STREET ADDRESS 3544 SUNNYSIDE DR.
CITY-ST-ZIP JACKSONVILLE, FL

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 exemption stated in Section 119.07(3)(l), 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.

Sudhir L. Prabhu

(904) 636-9100

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #