

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

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005856

1. Entity Name
**UNIVERSAL PLAZA PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5728 MAJOR BLVD STE 601
ORLANDO, FL 32819**

Mailing Address
**5728 MAJOR BLVD STE 601
ORLANDO, FL 32819**



03032006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3373329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHATIB, RASHID A
5728 MAJOR BLVD STE 601
ORLANDO, FL 32819**

**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 reinstating)

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**

**U00000540426
05/10/06-60017-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KHATIB, RASHID A
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY- ST- ZIP	ORLANDO, FL 32819
TITLE	DV
NAME	HODGE, RANDALL R
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY- ST- ZIP	ORLANDO, FL 32819
TITLE	D
NAME	KHOURI, ZAH W
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY- ST- ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rashid Khatib 4-27-06 407-354-2200