


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 036 ****61.25

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

2. Principal Place of Business, Not P.O. Box #
7932 W. Sand Lake Rd.

Mailing Address
7932 W. Sand Lake Rd.

Suite #, etc.
Suite 300

City
Orlando, FL

Zip
32819 Country



03112008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
59-3373329

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
7932 W. Sand Lake Rd. Ste 300
 City **Orlando, FL 32819** **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD KHATIB, RASHID A 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **4/18/08** **401-354-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #