2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004126

1. Entity Name
UNIVERSITY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11405 S.W. 7TH TERRACE D-1 MIAMI, FL 33174 US	11405 S.W. 7TH TERRACE D-1 MIAMI, FL 33174 US

DO NOT WRITE IN THIS SPACE

01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0905882
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, RAUL R
11405 S.W. 7TH TERRACE
D-1
MIAMI, FL 33174

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000076322
03/04/04-80023-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORTEGA, RAUL R
STREET ADDRESS	11405 S.W. 7TH TERRACE, #D1
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	DT
NAME	RODRIGUEZ, HAYDEE
STREET ADDRESS	710 SW 114TH AVENUE #B4
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	DS
NAME	GARCIA, OFELIA
STREET ADDRESS	710 SW 114TH AVENUE #A1
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raul R. Ortega 2/24/04 (305) 227-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #