

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 11405 S.W. 7TH TERRACE D-1 MIAMI, FL 33174 US	Mailing Address 11405 S.W. 7TH TERRACE D-1 MIAMI, FL 33174 US
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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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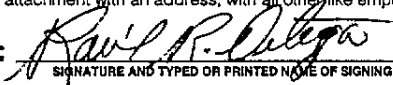
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORTEGA, RAUL R 11405 S.W. 7TH TERRACE, #D1 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, HAYDEE 710 SW 114TH AVENUE #B4 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARCIA, OFELIA 710 SW 114TH AVENUE #A1 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)(f), 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: 	2/24/04 (105) 227-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #