2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90224 010 ****61.25

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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
11890 SW 8 Street	P.O. Box 440067
Suite, Apt. #, etc.: Suite 401	Suite, Apt. #, etc.:
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33184 Country: USA	Zip: 33144 Country: USA

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

7. Name and Address of New Registered Agent

Name: Frank Perez-Siam
Street Address (P.O. Box Number is Not Acceptable): 7001 SW 87 Ct
City: Miami **FL** Zip Code: 33173

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: Frank Perez 04/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	DP ORTEGA, RAUL R 11405 S.W. 7TH TERRACE, #D1 MIAMI FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ORTEGA, Raul R. 7001 SW 87 CT Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RODRIGUEZ, HAYDEE 710 SW 114TH AVENUE #B4 MIAMI FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D RODRIGUEZ, Haydee 7001 SW 87 CT Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARCIA, OFELIA 710 SW 114TH AVENUE #A1 MIAMI FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D GARCIA, Ofelia 7001 SW 87 CT Miami, Fl. 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Haydee Rodriguez 4/15/05 (305) 553-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #