Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90117 009 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000002684

UNIVERS	SAL HOUSING ASSOCIATES	i, INC.				
Principal Place	e of Business	Mailing Address			I INDIANDI IIN IBIBO IIIII BOIII BOIII BOIII BOIII BOIII	18 lifff gerat : Bert gebr 1881
800 NORTH FLAGLER DR. WEST PALM BEACH FL 33401		800 NORTH FLAGLER DR. WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  01/13/1993	
a Dalasia I O	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	lace of business	26 Walling Address			65-0387864	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	5. Certificate of Status Desired	\$8.75 Additional
22		27			5, Certificate of Ctatus Desired	Fee Required
City & 5 tat	e	City & State			6. Electic n Campaign Financing	\$5.00 May Be Added to Fees
23	Country.	28 7in	Cou	intry	Trust Fund Contribution	
Zip	Country	Zip	30	ii iu y	8. This corporation owes the current year Intar Personal Property Tax.	∃Yes ZNo
24	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registered A	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	of Florida, Such change was	: authorize0	d by the corpor	FL corporation submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	85 Zip Code nanging its registered ment as registered
SIGNATUF:E	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature req	ured when reinstating) DATE	
12.	OFFICERS AN		13.	·····	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DPT APPENDED	☐ DELETE	1.1 TI			Change Addition
NAME	ARSENAULT, GERARD		12 N			
STREET ADDRESS	800 NORTH FLAGLER DR.			TREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	DELETE	1.4 C	ITY-ST-ZIP		Change Addition
TITLE	= '		2.1 II			
NAME	HAMILTON, HARRY S 800 NORTH FLAGLER DR.			TREET ADDRESS		
STREET ADDRESS	WEST PALM BEACH FL 33401			CITY-ST-ZIP		
CITY-ST-ZIP	WEST FALM DEAGIFFE 33401	☐ DELETE	3.1 Ti			☐ Change ☐ Addition
NAME			3.2 N	1		
STREET ADDRESS			•	TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI			Change Addition
	1		1 2 3	IALAC		

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 corpora ion or the receiver or trusted empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or off an attachment with an address with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

☐ Addition