FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 733952

(6)

UNIVERSITY VILLAGE EAST CONDOMINIUM I ASSOCIATIO N. INC

Principal Place of Business

Mailing Address



2700 S UNIVERSITY DR DAVIE FL 33328				2700 S UNIVERSITY DR DAVIE FL 33328							
Some							3. Date incorporated or Qualified 09/26/1975				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For	
21			26	T-1				NOT APPLICABLE		Not Applicable	
				Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 ,	5 Additional Required	
City & State				City & State				Election Campaign Financing Trust Fund Contribution		0 May Be ed to Fees	
Zip	Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24 25 2											
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
A						81	Name	Name			
CRANE, BILL						82	Street A	reet Address (P.O. Box Number is Not Acceptable)			
2700 SOUTH UNIVERSITY DRIVE UNIT 1D						83					
DAVIE FL 33328											
						84	City		FI 85 Z	p Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										registered office diagent. I am	
SIGNATURE											
Signature, typed or printed name of registered agent and trife if applicable. (NOTE: Registered Agen 12. OFFICERS AND DIRECTORS 13.							t signature ren		DATE		
12.	PD	OFFICERS /	AND DIREC	DELETE		3.	т	ADDITIONS/CHANGES TO OFFI			
NAME	CRANE,	Rii I		Detele		TITLE			☐ Change	Addition	
0700 C 110104 DD 44D						NAME					
STREET ADDRESS	DAME EL				1 3 STREET AS						
CITY+SI+ZIP TITLE	S	<u> </u>		DELETE		CHTY-S	Y-ZIP				
	1 -	Γ MADIA		DECEIE		TITLE			Change	☐ Addition	
NAME	ATAG A LINIUL DO HAL					NAME					
STREET ADDRESS	DANGE EL GOGGO						ADDRESS				
DITY-ST-ZIP	VANE I					4 CHTY - S	IT-ZIP			53.11	
	OLINN	FAMON		Preceig	1	TITLE			☐ Change	Addition	
NAME SERVER ADDRESS	4744 A 111111 BB 47B				1	NAME					
STREET ADDRESS	CITY-ST-ZIP DAVIE FL 33328				3 3 STREET A						
THILE	T		DELETE 4.1 TIFLE			ST - ZIP			T tarre-		
NAME	RROHE	K, AUDREY							☐ Change	☐ Addition	
STREET ADDRESS		JNIVER, DR., #7D				2 NAME	I DDOCCO				
	DAVIE FI						ADDRESS				
CITY-ST-ZIP TITLE	DAVILLE			DELETE		CITY - S	1 - ZIP		Change	[] Addition	
NAME		S, JOHN		Joece it	•	NAME			□ спапре	☐ Addition	
STREET ADDRESS		JNIV. DR., #3D					ADDRESS				
CITY-ST-ZIP	DAME EL ADAGO									1	
TITLE	D			DELETE	-	CITY-S	1-214		Change	Addition	
NAME	JORDA,	MARY				NAME				E. Address	
STREET ADDRESS		UNIV. DR. 7A					ADDRESS				
CITY-ST-ZIP	DAVIE FI					CITY - S					
		=	d with this	filing is voluntarily f				fy for the exemption stated in Section 119.0	7(3)(k), Florida Statu	tes. 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name