

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90085 018 ****61.25

0038113

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733952

1. Corporation Name

**UNIVERSITY VILLAGE EAST CONDOMINIUM I ASSOCIATIO
N, INC**

Principal Place of Business

2700 S UNIVERSITY DR
DAVIE FL 33328

Mailing Address

% CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 291642

22 City & State

27 Suite, Apt. #, etc.
28 DAVIE Florida

23 Zip Country
24 33329 25 U.S.

3. Date Incorporated or Qualified
09/26/1975

4. FEI Number
NOT APPLICABLE 59-2546877 Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

ROMAN, LUIS
2700 SOUTH UNIVERSITY DRIVE
UNIT 3B
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 office 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Luis E. Roman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROMAN, LUIS	
STREET ADDRESS	2700 S. UNIVERSITY DR., #3B	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRANE, BILL	
STREET ADDRESS	2700 S UNIVERSITY DR., #1A	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MORGAN, JOE	
STREET ADDRESS	2700 S UNIVERSITY DR., #3C	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis E. Roman
SIGNATURE REQUIRED

Date

Daytime Phone #

2-22-99

CR2E037 (1/98)