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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 291642	3. Date Incorporated or Qualified 09/26/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE 59-2546877 Applied For Not Applicable
City & State 23	City & State 28 DAVIE Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 33329 30 U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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* DATE **2-22-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		

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 **2-22-99** Daytime Phone #

CR2E037 (1/198)