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03-16-1999 90065 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **751246**

1. Corporation Name
84 SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%UNITED REALTY MGT. 3300 UNIVERSITY DRIVE.. #405 CORAL SPRINGS FL 33065	%UNITED REALTY MGT. 3300 UNIVERSITY DRIVE.. #405 CORAL SPRINGS FL 33065

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/26/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2037519 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED REALTY MANAGEMENT CORP. 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	RENDA, FRANK		1.2 NAME	Tom Ehren	
STREET ADDRESS	664 WOODGATE LANE		1.3 STREET ADDRESS	15726 SW 7 Place	
CITY-ST-ZIP	SUNRISE FL 33326		1.4 CITY-ST-ZIP	Sunrise, Fl. 33326	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LINDAVER, FRANK		2.2 NAME	Craig Weiner	
STREET ADDRESS	308 LAKESIDE COURT		2.3 STREET ADDRESS	15001 SW 10 St.	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	Sunrise, Fl. 33326	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	VERES, GERALD		3.2 NAME	Patti Lemarier	
STREET ADDRESS	593 LAKESIDE CIRCLE		3.3 STREET ADDRESS	461 Lakeside Circle	
CITY-ST-ZIP	SUNRISE FL 33326		3.4 CITY-ST-ZIP	Sunrise, Fl. 33326	
TITLE	~~PD~~	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	DEAN, NANCY		4.2 NAME		
STREET ADDRESS	690 SOUTH WIND CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CAMPBELL, ANN		5.2 NAME	Thomas Roper	
STREET ADDRESS	15813 W WATERSIDE CIRCLE		5.3 STREET ADDRESS	15096 SW 13 Ct.	
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	Sunrise, Fl. 33326	
TITLE	~~SD~~	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	THOMAS, TOM		6.2 NAME		
STREET ADDRESS	325 LAKESIDE COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Thomas Z Thomas REQUIRED 3-1-99 389 1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #