2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90285 047 ****61.25

DOCUMENT # 751246

1. Entity 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

02162005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11784 W. Sample Rd.	11784 W. Sample Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: US	Zip: 33065 Country: US

4. FEI Number 59-2037519 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED REALTY MANAGEMENT CORP.
~~3300 UNIVERSITY DRIVE~~
~~#405~~
~~CORAL SPRINGS, FL 33065~~

7. Name and Address of New Registered Agent

Name: United Community Mgmt Corp
Street Address (P.O. Box Number is Not Acceptable)
11784 West Sample Road
City: Coral Springs FL Zip Code: 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ~~Denise Cattaway~~ as United Comm Mgmt. V.P. Finance 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIGUEROA, SAMANTHA 264 W RIVERBEND DR SUNRISE, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUSH, NICOLE 224 SW 159 LANE SUNRISE, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Miller, Mike 890 S. Wind Circle Sunrise, Fl 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEAN, NANCY 690 SOUTH WIND CIRCLE SUNRISE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DeSantis, Mary 214 Lakeside Circle Sunrise, Fl. 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, TOM 325 LAKESIDE COURT SUNRISE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #