**FILE NOW: FILING FEE AFTER MAY 1 IS $150.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**
95 APR 19 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766540 (9)

1. Corporation Name
**UNIVERSITY VILLAGE EAST CONDOMINIUMS RECREATION SUPERVISORY BOARD OF ADMINISTRATION, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 291043<br>DAVIE FL 33329 | P.O. BOX 291043<br>DAVIE FL 33329 |

3. Date Incorporated or Qualified: 12/29/1982
3a. Date of Last Report: 05/23/1994
4. FEI Number: 65-0229862 ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| 21 | 26 | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |
| 23 City & State | 28 City & State | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required |
| 24 Zip / 25 Country | 29 Zip / 30 Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KIND, MICHELLE<br>2760 S. UNIVERSITY DR<br>STE 6-C<br>DAVIE FL 33328 | 81 Name: DANNIE STRANBURG<br>82 Street Address (P.O. Box Number is Not Acceptable): 2762 South Univ. Dr 9B<br>83<br>84 City: DAVIE FL 85 Zip Code: 33328 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Eamon Quinn (PD) DANNIE STRANBURG April 13 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | (PD) ☐ Change ☐ Addition |
| NAME | DICKENSON, FRANK | 1.2 NAME | EAMON QUINN |
| STREET ADDRESS | 2762 S. UNIVERSITY DR 9-A | 1.3 STREET ADDRESS | 2700 South Univ. Dr. 7B |
| CITY-ST-ZIP | DAVIE FL | 1.4 CITY-ST-ZIP | DAVIE, FL. 33328 |
| TITLE | V | 2.1 TITLE | (V) ☐ Change ☐ Addition |
| NAME | BLANKENSHIP, KENT | 2.2 NAME | JOSEPH MORGAN |
| STREET ADDRESS | 2724 S. UNIVERSITY DR 14-C | 2.3 STREET ADDRESS | 2700 South Univ. Dr. 4D. |
| CITY-ST-ZIP | DAVIE FL | 2.4 CITY-ST-ZIP | DAVIE, FL. |
| TITLE | T | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSON, CLYDE | 3.2 NAME | |
| STREET ADDRESS | 2718 S. UNIVERSITY DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | (S) ☐ Change ☐ Addition |
| NAME | KIND, MICHELLE | 4.2 NAME | DANNIE STRANBURG |
| STREET ADDRESS | 2760 S. UNIVERSITY DR 6-C | 4.3 STREET ADDRESS | 2762 SOUTH UNIV. DR. 9B |
| CITY-ST-ZIP | DAVIE FL | 4.4 CITY-ST-ZIP | DAVIE FL. 33328 |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARREN, HERBERT | 5.2 NAME | |
| STREET ADDRESS | 2708 S. UNIVERSITY DR 11-D | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | (D) ☐ Change ☐ Addition |
| NAME | CRANE, BILL | 6.2 NAME | KENT BLANKENSHIP |
| STREET ADDRESS | 2700 S. UNIVERSITY DR 1-D | 6.3 STREET ADDRESS | 2724 SOUTH UNIV. DR. 14C |
| CITY-ST-ZIP | DAVIE FL | 6.4 CITY-ST-ZIP | DAVIE FL. 33328 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Eamon Quinn Pres. April 13 '95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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