# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2002 8:00 am**
**Secretary of State**
05-12-2002 90651 046 ****61.25

DOCUMENT # 766540

1. Entity Name

UNIVERSITY VILLAGE EAST CONDOMINIUMS RECREATION SUPERVISORY BOARD OF ADMINISTRATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROYAL PROPERTY MANAGEMENT<br>8317 W. ATLANTIC BLVD.<br>CORAL SPRINGS FL 33071 | C/O ROYAL PROPERTY MANAGEMENT<br>8317 W. ATLANTIC BLVD.<br>CORAL SPRINGS FL 33071 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0229862 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KAYE & ROGER, P.A.<br>6261 N.W. 6TH WAY<br>SUITE 103<br>FT LAUDERDALE FL 33309 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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.

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

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROMAN, LUIS E<br>2700 SOUTH UNIVERSITY DR., #3B<br>DAVIE FL 33328 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Jennifer McCarthy<br>2718 S. University Drive, #17A<br>Davie, FL 33328 — ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOGUERAS, ERNESTO<br>2700 SOUTH UNIVERSITY DR., #1B<br>DAVIE FL 33328 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>ALric W. Daly<br>2800 S. University Drive, #2B<br>Davie FL 33328 — ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Treasurer<br>MOORE, ROBERT<br>2774 SOUTH UNIVERSITY DR., #10-C<br>DAVIE FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Robert Moore<br>2774 S. University Dr., #10C<br>Davie, FL 33328 — ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOLF, PAT<br>2780 SOUTH UNIVERSITY DR., #6A<br>DAVIE FL 33328 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Eugene Beadle<br>2700 S. University Dr., #1C<br>Davie, FL 33328 — ☐ 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 |

CR2E037 (9/01)

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 REQUIRED 4-23-02 954.382.1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #