

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90292 019 ****61.25

20042381



DOCUMENT # 766540 1. Entity Name UNIVERSITY VILLAGE EAST CONDOMINIUMS RECREATION SUPERVISORY BOARD OF ADMINISTRATION, INC.					
Principal Place of Business C/O ROYAL PROPERTY MANAGEMENT 8317 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071			Mailing Address C/O ROYAL PROPERTY MANAGEMENT 8317 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROYAL PROPERTY MANAGEMENT 8317 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (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	VP PLAYER, DONALD 2724 S. UNIVERSITY DR., #14C DAVIE, FL 33328 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECARLO, RHODA 2774 S. UNIVERSITY DR., #10C DAVIE, FL 33328 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, ROBERT 2774 SOUTH UNIVERSITY DR., #10-C DAVIE, FL 33328 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEADLE, EUGENE 2700 S. UNIVERSITY DR., #1C DAVIE, FL 33328 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McDonagh, James 2700 S. University Dr. #3B 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	
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: Robert Moore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			954-757-9292 Date Daytime Phone #		