# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 18, 2009**
**Secretary of State**

DOCUMENT# 766540

**Entity Name:** UNIVERSITY VILLAGE EAST CONDOMINIUMS RECREATION SUPERVISORY BOARD OF ADMINISTRATION, INC.

**Current Principal Place of Business:**

C/O HOLLYWOOD ACCOUNTING
901 S STATE RD 7 SUITE 358
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HOLLYWOOD ACCOUNTING
901 S STATE RD 7 SUITE 358
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number: 65-0229862** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HOLLYWOOD ACCOUNTING
901 S STATE RD 7
SUITE 358
HOLLYWOOD, FL 33023 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VP | ( ) Delete |
| Name: | PLAYER, DONALD | |
| Address: | 2724 S. UNIVERSITY DR., #14C | |
| City-St-Zip: | DAVIE, FL 33328 | |
| Title: | PTS | ( ) Delete |
| Name: | SFETCU, VICKY | |
| Address: | 2700 SOUTH UNIVERSITY DR 1B | |
| City-St-Zip: | DAVIE, FL 33328 | |
| Title: | D | ( ) Delete |
| Name: | MESTER, JAMES | |
| Address: | 2774 S UNIVERSITY DR 10B | |
| City-St-Zip: | DAVIE, FL 33328 | |
| Title: | D | (X) Delete |
| Name: | REYES, RICK | |
| Address: | 2800 S UNIVERSITY DR 2C | |
| City-St-Zip: | DAVIE, FL 33328 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKY SFETCU P 09/18/2009

Electronic Signature of Signing Officer or Director — Date