2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
05-02-2003 90201 027 ****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 8317 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	C/O ROYAL PROPERTY MANAGEMENT 8317 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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. 6261 N.W. 6TH WAY SUITE 103 FT LAUDERDALE FL 33309	Name: Royal Property Management Street Address (P.O. Box Number is Not Acceptable): 8317 W. Atlantic Blvd City: Coral Springs FL Zip Code: 33071

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: Marilyn LaPorta, Property Manager, Royal Property Mgmt. DATE: 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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	P MCCARTHY, JENNIFER 2718 S. UNIVERSITY DR., #17A DAVIE FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DALY, ALRIC W 2800 S. UNIVERSITY DR., #2B DAVIE FL 33328	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DeCarLo, Rhoda 2774 S. University Dr #10C Davie FL 33328 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D MOORE, ROBERT 2774 SOUTH UNIVERSITY DR., #10-C DAVIE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Moore, Robert 2774 South University Dr. #10C Davie FL 33328 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP, T BEADLE, EUGENE 2700 S. UNIVERSITY DR., #1C DAVIE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beadle, Eugene 2700 S. University Dr. #1C Davie FL 33328 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, ROBERT 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Player, Donald 2724 S. University Dr. #14C Davie FL 33328 ☐ Change ☒ Addition

CR2E037 (10/02)

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 REQUIRED 4-30-03 954-4732848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #