

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716285** (2)

1. Corporation Name

**THE VILLAGE BY THE SEA CONDOMINIUM APARTMENTS IN C.**



Principal Place of Business <b>C/O TEAM 1 MANAGEMENT P.O. BOX 1142 POMPANO BEACH FL 33061</b>	Mailing Address <b>C/O TEAM 1 MANAGEMENT P.O. BOX 1142 POMPANO BEACH FL 33061-1142</b>
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3. Date Incorporated or Qualified <b>04/01/1969</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business <b>21 C/O UNITED COMM. MGT. CORP</b>	2a. Mailing Address <b>26 C/O UNITED COMM. MGT. CORP</b>	4. FEI Number <b>59-1145419</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22 3300 UNIV DRIVE #401</b>	Suite, Apt. #, etc. <b>27 3300 UNIV DR. #401</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23 CORAL SPRINGS FLA</b>	City & State <b>28 CORAL SPRINGS FLA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 33065</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPMAN, JANE  
3350 E ATLANTIC BLVD  
STE - 309  
POMPANO BEACH FL 33062**

81 Name <b>UNITED COMMUNITY MGT. CORP</b>	85 Zip Code <b>33065</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3300 UNIV DRIVE #401</b>	
83	
84 City <b>CORAL SPRINGS FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **UNITED COMMUNITY MGT CORP** *[Signature]* **4/24/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RICHARDS, WILLIAM R</b>		1.2 NAME <b>FAIR, GEORGE</b>	
STREET ADDRESS <b>1705 N MERIDIAN</b>		1.3 STREET ADDRESS <b>1967 S. OCEAN BLVD #320-D</b>	
CITY-ST-ZIP <b>INDIANAPOLIS ID</b>		1.4 CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIETERS, DICK</b>		2.2 NAME	
STREET ADDRESS <b>1968 FAIR OAK DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ROCHESTER HILL MI</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>STO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLACK, R</b>		3.2 NAME <b>BLACK, BERT</b>	
STREET ADDRESS <b>P O BOX 8</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ONTARIO CA</b>		3.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>VO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, DON</b>		4.2 NAME	
STREET ADDRESS <b>2232 McDONALD LANE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FLOSSMORE IL</b>		4.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FALVEY, PENNY</b>		5.2 NAME <b>REARSON DANIEL</b>	
STREET ADDRESS <b>1967 S OCEAN BLVD</b>		5.3 STREET ADDRESS <b>1967 S. OCEAN BLVD #320-C</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		5.4 CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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, or on an attachment with an address.

SIGNATURE *[Signature]* **4/16/97** **954-250849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DANIEL REARSON** Daytime Phone # **0025348**

CR2E037 (9/96)