

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727071 (3)
1. Corporation Name
UNIVERSITY MANORS CONDOMINIUM NUMBER TWO, INC.



Principal Place of Business Mailing Address
2050 N.W. 81ST AVE., #222 2050 N.W. 81ST AVE., #222
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1973		3a. Date of Last Report 02/08/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1518540		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☒		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

CAPRIO, JOHN J.
2050 NW 81 AVE., #222
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81	Name Ty Terrell
82	Street Address (P.O. Box Number is Not Acceptable) 2450 NW 81 Ave
83	City Pembroke Pines FL
84	Zip Code 33024

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 Ty Terrell

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATHERINE TRYKOWSKI	1.2 NAME	
STREET ADDRESS	2050 NW 81 AVE., #225	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	vice president - ☒ Change ☐ Addition
NAME	LEONARDO, JOHN D	2.2 NAME	LUCY MACE
STREET ADDRESS	2050 NW 81 AV #223	2.3 STREET ADDRESS	2050 NW 81 AVE # 211
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GIANNINI, PAUL	3.2 NAME	
STREET ADDRESS	2050 NW 81ST AVENUE 221	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	PDT ☒ DELETE	4.1 TITLE	PRESIDENT + TREASURER ☒ Change ☐ Addition
NAME	CAPRIO, JOHN J	4.2 NAME	MARIAN DI IACONE
STREET ADDRESS	2050 NW 81ST AVENUE 222	4.3 STREET ADDRESS	2050 NW 81 AVE #224
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAYBULEC, STEVE	5.2 NAME	
STREET ADDRESS	2050 NW 81 AVE #212	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PIVNICK, GAIL	6.2 NAME	
STREET ADDRESS	2050 NW 81 AVE., #226	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Marian E. Di Iaconi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/17/96
Daytime Phone # 1-954-431-7389

CR2E037 (12/95)