

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727071** (3)
1. Corporation Name
UNIVERSITY MANORS CONDOMINIUM NUMBER TWO, INC.



Principal Place of Business 2050 N.W. 81ST AVE. #222 PEMBROKE PINES FL 33024		Mailing Address 2050 N.W. 81ST AVE. #222 PEMBROKE PINES FL 33024		3. Date Incorporated or Qualified 07/30/1973
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 59-1518540 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No				

9. Name and Address of Current Registered Agent TERRELL, TY 2050 NW 81ST AVE PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 Marian E. Di Iacone (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	DIRECTOR ☐ Change ☒ Addition
NAME	KATHERINE TRYKOWSKI	1.2 NAME	LUCY POLITO
STREET ADDRESS	2050 NW 81 AVE., #225	1.3 STREET ADDRESS	2050 NW 81 Ave # 229
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	V ☐ DELETE	2.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	BEAUDIN, JEANNINE	2.2 NAME	GAIL PIVNICK
STREET ADDRESS	2050 NW 81 AVE #228	2.3 STREET ADDRESS	2050 NW 81 Ave #226
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	D ☐ DELETE	3.1 TITLE	
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	PT ☐ DELETE	4.1 TITLE	
NAME	DI IACONE, MARIAN	4.2 NAME	
STREET ADDRESS	2050 NW 81ST AVE, #224	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 Iacone Feb 7, 1998

CF2E037 (10/97)