

FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727071

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/30/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1518540	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	
24		29		\$5.00 May Be Added to Fees	

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

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

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	☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	V BEAUDIN, JEANNINE	2.2 NAME	
STREET ADDRESS	2050 NW 81 AVE #228	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	D 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PT 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	☐ Change ☐ Addition
NAME	D LUCY POLITO	5.2 NAME	
STREET ADDRESS	2050 NW 81ST AVE #229	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	S GAIL PIVNICK	6.2 NAME	
STREET ADDRESS	2050 NW 81ST AVE ##126	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	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, with all other like empowered.

SIGNATURE: *Marian Di Iacone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 431-7389
Date Daytime Phone #

CR2E037 (11/98)