2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM Secretary of State **DOCUMENT # 727071** 1. Entity Name UNIVERSITY MANORS CONDOMINIUM NUMBER TWO, INC. Principal Place of Business Mailing Address 2050 N.W. 81 AVE. 2050 N.W. 81 AVE. **APT 230 APT 230** PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1518540 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEROSE, DIANA Street Address (P.O. Box Number is Not Acceptable) 2050 NW 81 AVE. #230 PEMBROKE PINES FL 33024 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. HILE Change ☐ Addition TITLE ☐ Delete BEAUDIN, JEANNINE NAME HA:Æ 2050 NW 81 AVE #228 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 00000 CHY-SI-78 CHY-SI-7P HILL Detete TITLE Change Addition DI IACONE, MARIAN U00000327576 2050 NW 81ST AVE, #224 STREET ADDRESS STREET ADDRESS 04/25/05-80044-003 70.00 PEMBROKE PINES FL CITY - ST- ZIP CHY-SI-ZIP DS TITLE Delete HIE Change ☐ Addition LUCY POLITO NAME NAM SIRFEL ADDRESS 2050 NW 81ST AVE #229 STREET ADDRESS CITY-ST-7/P PEMBROKE PINES FL 33024 CUTY-ST-782 Delete THE ☐ Change Idit ☐ Addition GAIL PIVNICK NAME NAME 2050 NW 81ST AVE ##126 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CHY-SI-78 DIY-SI-ZP Change __ Addition THLE Delete Tilli E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete HIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 007-51-78 CUT-SI-JIP

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: 🚣

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 954-435-4904

FILED