

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90232 035 \*\*\*\*75.00

**DOCUMENT # 727071**

1. Entity Name  
**UNIVERSITY MANORS CONDOMINIUM NUMBER TWO, INC.**



Principal Place of Business  
**2050 N.W. 81ST AVE. #222  
APT 220 230  
PEMBROKE PINES FL 33024**

Mailing Address  
**2050 N.W. 81ST AVE. #222  
APT 228  
PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address  
**2050 N.W. 81 Ave  
Apt 230**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Pembroke Pines, FL**

Zip

Country

Zip  
**33024**

Country  
**Broward**

4. FEI Number **59-1518540**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAUDIN, JEANNINE  
2050 NW 81 AV AP 222-230  
PEMBROKE PINES FL 33024**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Jeannine Beaudin*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **KATHERINE TRYKOWSKI**  
STREET ADDRESS **2050 NW 81 AVE., #225**  
CITY-ST-ZIP **PEMBROKE PINES, FL 00000**

TITLE ☐ Change ☒ Addition  
NAME **Karen Sutera**  
STREET ADDRESS **2050 N.W. 81 Ave #211**  
CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **V** ☐ Delete  
NAME **BEAUDIN, JEANNINE**  
STREET ADDRESS **2050 NW 81 AVE #228**  
CITY-ST-ZIP **PEMBROKE PINES, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **AMARA, GIL**  
STREET ADDRESS **2050 NW 81 AVE APT 227**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024** *resigned*

TITLE ☒ Change ☐ Addition  
NAME **Steven Trybulec**  
STREET ADDRESS **2050 N.W. 81 Ave #212**  
CITY-ST-ZIP **Pembroke Pines FL 33024**

TITLE **PT** ☐ Delete  
NAME **DI IACONE, MARIAN**  
STREET ADDRESS **2050 NW 81ST AVE, #224**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **LUCY POLITO**  
STREET ADDRESS **2050 NW 81ST AVE #229**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **GAIL PIVNICK**  
STREET ADDRESS **2050 NW 81ST AVE #126**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Marian Di Iacone*

CR2E037 (10/02)