

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90775 035 \*\*\*\*61.25

**DOCUMENT # 741199**

**1. Entity Name**  
**UNIVERSITY VILLAGE EAST CONDOMINIUM II  
ASSOCIATION, INC.**



**Principal Place of Business**  
**P O BOX 290511**  
**DAVIE, FL 33329**

**Mailing Address**  
**C/O LANDMARK MANAGEMENT SERVICES, INC.**  
**12323 SW 55 STREET SUITE 1002**  
**COOPER CITY, FL 33330 US**



04282004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-2090080**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required --**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LANDMARK MANAGEMENT SERVICES, INC.**  
**12323 SW 55 STREET SUITE 1002**  
**FORT LAUDERDALE, FL 33330**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** KIND, MICHELLE  
**STREET ADDRESS** 2780 UNIVERSITY DR 6C  
**CITY-ST-ZIP** DAVIE, FL 33328

**TITLE** VPD  
**NAME** MESTER, SHARON  
**STREET ADDRESS** 2774 S UNIVERSITY DR 10B  
**CITY-ST-ZIP** DAVIE, FL 33328

**TITLE** SD  
**NAME** MCGREGOR, CANDICE  
**STREET ADDRESS** 2774 S UNIVERSITY DR 10A  
**CITY-ST-ZIP** DAVIE, FL 33328

**TITLE** TD  
**NAME** DE CARLOS, RHONDA  
**STREET ADDRESS** 2774 S UNIVERSITY DR 10C  
**CITY-ST-ZIP** DAVIE, FL 33328

**TITLE** D  
**NAME** LEDER, BRUCE  
**STREET ADDRESS** 2768 S UNIVERSITY DR 12 A  
**CITY-ST-ZIP** DAVIE, FL 33328

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**4/30/04**

Date

**305 891-6806**

Daytime Phone #