

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766540 (9)
1. Corporation Name

**UNIVERSITY VILLAGE EAST CONDOMINIUMS RECREATION
SUPERVISORY BOARD OF ADMINISTRATION, INC.**



Principal Place of Business: P.O. BOX 291043, DAVIE FL 33328
Mailing Address: P.O. BOX 291043, DAVIE FL 33328

3. Date Incorporated or Qualified: **12/29/1982**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country
26. Suite, Apt. #, etc. (26)
27. Suite, Apt. #, etc. (27)
28. City & State (28)
29. Zip, 30. Country (29-30)

4. FEI Number: **65-0229862**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STRANBURG, DANNIE
2762 SOUTH UNIVERSITY DRIVE
9B
DAVIE FL 33328**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, EAMON	1.2 NAME	
STREET ADDRESS	2700 SOUTH UNIVERSITY DRIVE, 7B	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOSEPH H	2.2 NAME	
STREET ADDRESS	2700 SOUTH UNIVERSITY DRIVE, 4D	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	Y	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CLYDE	3.2 NAME	
STREET ADDRESS	2718 S. UNIVERSITY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANBURG, DANNIE	4.2 NAME	
STREET ADDRESS	2762 SOUTH UNIVERSITY DRIVE, 9B	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARREN, HERBERT	5.2 NAME	
STREET ADDRESS	2708 S. UNIVERSITY DR 11-D	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, KENT	6.2 NAME	
STREET ADDRESS	2724 SOUTH UNIVERSITY DRIVE, 14C	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	

Karen Randolph
2718 S. University Dr.
DAVIE, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Eamonn Quinn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Feb 9 1996*
Daytime Phone: #

CR2E037 (12/95)