FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MEN # NO5269 EN RAINTREE VI HOMEOWN	• •	INC.		BJAJI AJAJI AYAJI AYAJI AJAJI JAAJ
Principal Plac	e of Business	Mailing Address			
1		· ·			
3300 UNIV. DRIVE #405 3300 L		C/O UNITED REALTY 3300 UNIV. DRIVE #405		3. Date Incorporated or Qualified	
		CORAL SPRINGS FL 33065		09/20/1984 4. FEI Number	TA - Post Foot
(Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		59-2464392	\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27	***	Trust Fund Contribution	Added to Fees
City & Stal	ee .	City & State		7. Is this nonprofit corporation a homeow	
23	T Country	28]		∠ Yes	□ No
Zip	Country	Zip 29	Country 30	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
[24]	9. Name and Address of Current		[30]	10. Name and Address of New Register	
			81 Name		
UNITED COMM MGT CORP			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3300 UNIV DRIVE #405			oz Sileet Add	1666 (1.O. DOX NOTIDES IS NOT Acceptable)	
CORAL SPRINGS FL 33065			83		
İ			84 City		. 85 Zip Code
				F	· L ``
11. Pursuant office or I	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Statut of Florida, Such change was a	es, the above-named corp authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the a	a of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Fig	orida Statutes.	,	,,,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E: Registered Agent signature requi	(red when reinslating) DAT	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VD	☐ DELETE	1.1 TITLE		Change Addition
NAME	GEORGE, RICHARD		1.2 NAME		
STREET ADDRESS	3665 CARAMBOLA CIRCLE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP		·
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	LEMELBAUM, LARRY	Daniera a	2.2 NAME		
STREET ADDRESS	3809 CARAMBOLA CIRCLE NO	RIH	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	SD RILEY, FAY	L. J VILLEIL	3.2 NAME		
STREET ADDRESS	3687 CARAMBOLA CIRCLE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	MINTIER, CHRISTINE		4. 2 NAME		
STREET ADDRESS	3757 CARAMBOLA CIRCLE N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	LIPPMAN, SANDRA		5.2 NAME		ļ
STREET ADDRESS	3735 CARAMBOLA CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DECEIE	6.1 TITLE 6.2 NAME		The Properties (1911)
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
SILICI WONDESS	İ		V.O OTRILLI RUDUILOG		

14. Thereby certify that the information supplied with this filling 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 consolidation 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 charged/or on an attachment with an address.

6.4 CITY-ST-ZIP

FILED

Apr 13 1998 8:00am

Secretary of State