FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36134

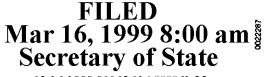
1. Corporation Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 1 ASSO CIATION, INC.

Principal Place of Business
UNITED COMMUNITY MGMT
3300 UNIVERSITY DRIVE #405
CORAL SPRINGS FL 33065
118

Mailing Address

UNITED COMMUNITY MGMT 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065



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2. Principal P	cipal Place of Business 2a. Mailing Address			_		3. Date Incorporated or Qualifed 01/17/1990		
21		26				4. FEI Number Applied For		
Suite, Apt.	#, etc.	——————————————————————————————————————				65-0305210 Not Applicable		
22		27	City 9 State			\$8.75 Additional		
City & State City & State					5. Certificate of Status Desired Fee Required			
Zip	Country		Zip Coun			6. Election Campaign Financing 55.00 May Be		
· •4	25	29	30	7		Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
				81	Name			
UNITED COMMUNITY MGMT CORP				82	82 Street Address (P.O. Box Number is Not Acceptable)			
3300 UNIVERSITY DRIVE				62	5treet Address (P.O. Box Number is Not Acceptable)			
#405	CHOIT DIAVE			83	83			
# TT-	PRINGS FL 33065							
				84				
11. Pursuant	to the provisions of Sections 617.0502	and 61	7.1508, Florida Statutes,	the above	-named	corporation submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida ons of.	a. Such change was auth Section 617.0503, Florida	norized by a Statutes	tne corpo	oration's board of directors. I hereby accept the appointment as registered		
_	III Idiiilida Wali, and daaapt wa aangan	,						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	applicable. (NOTE: Re	gistered Agen	t signature r	required when reinstating) DATE		
12.	OFFICERS AND	DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		∑ DELETE	1.1 TITLE		S D Change CAddition		
NAME	LEWIS, RICHARD			1.2 NAME		Rebecca trussell		
STREET ADDRESS	403 NW 108TH TERRACE		,	1.3 STREET	ADDRESS	400 NW 108 TEM		
CITY-ST-ZIP	PEMBROKE PINES FL 33026			1.4 CITY- \$1	-ZIP	Fembroke Pines F1.33026		
TITLE	SD		K DELETE	2.1 TITLE		Change Addition		
NAME	BADCHKAM, ELLEN			2.2 NAME		Thomas Del Grosso		
STREET ADDRESS	ANT AREL ACCTU TERRACE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		,	2.4 CITY-S	T-ZIP	Pembroke Pines H. 53026		
TITLE	TD		DELETE	3.1 TITLE		Change Addition		
NAME	BRIGHAM, KIMBERLY ANN		-	3.2 NAME		Kimberly Brigham		
STREET ADDRESS	AGE ABAL AGOTUL TERRAGE			3.3 STREET	ADDRESS	117		
CITY-ST-ZIP	PEMBROKE PINES FL 33026			3.4. CITY-S	T-ZIP	tembrokefines, F1. 33024		
TITLE		-	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME				4. 2 NAME		· · ·		
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY- \$1	-ZIP			
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	-ZIP			
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
	}			6.4 CITY-S	Γ-ZIP			
CITY-ST-ZIP	I .							

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 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 of on an attachment with an addless, with all other like empowered.

SIGNATURE