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May 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N37984 (4)

1. Corporation Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 2 ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

3475 MIATUS RD
SUNRISE FL 33351
US

3475 MIATUS RD
SUNRISE FL 33351
US

2. Principal Place of Business

2a. Mailing Address

21 United Community Mgmt
Suite, Apt. #, etc.

26 United Community Mgmt
Suite, Apt. #, etc.

22 3300 University Dr. #405
City & State

27 3300 University Dr. #405
City & State

23 Coral Springs, FL
Zip Country

28 Coral Springs, FL
Zip Country

24 33065 25 USA 29 33065 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1990

4. FEI Number

65-0220169

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

WALDRON, MALCOLM H III
3475 MIATUS RD
SUNRISE FL 33351

81 Name United Community Mgmt. Corp.

82 Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr. #405

83

84 City Coral Springs FL

85 Zip Code 33065

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 United Community Mgmt. Corp.

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCGOVERN, TERRY
STREET ADDRESS 517 NW 108TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VD
NAME DUDAS, BETH ANN
STREET ADDRESS 519 NW 108TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE SD
NAME DELGROSSO, THOMAS
STREET ADDRESS 521 NW 108TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE TD
NAME BEESING, CHARLES
STREET ADDRESS 5530 SW 109TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038330

CR2E037 (10/97)