

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90065 013 ****61.25

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DOCUMENT # N37984

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/02/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0220169

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE SD
1.2 NAME Rebecca Russell
1.3 STREET ADDRESS 400 NW 108 Terr
1.4 CITY-ST-ZIP Pembroke Pines, FL 33026 ☐ Change ☒ Addition

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

2.1 TITLE PD
2.2 NAME Kimberly Brigham
2.3 STREET ADDRESS 405 NW 108 Terr
2.4 CITY-ST-ZIP Pembroke Pines, FL 33026 ☐ Change ☒ Addition

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

3.1 TITLE VPS
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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, with all other like empowered.

SIGNATURE:

Rebecca Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

Daytime Phone #

CR2E037 (1/98)