

FILE NOW: FILING FEE IS \$61.25

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

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

0022290

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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 (21-24) 2a. Mailing Address (26-29) 3. Date Incorporated or Qualified (05/02/1990) 4. FEI Number (65-0220169) 5. Certificate of Status Desired (\$8.75 Additional Fee Required) 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (UNITED COMMUNITY MGMT CORP) 10. Name and Address of New Registered Agent (81-85)

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 (MC GOVERN, TERRY; DUDAS, BETH ANN; DELGROSSO, THOMAS; BEESING, CHARLES) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Rebecca Russell; Kimberly Brigham)

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: [Handwritten Signature] 3-8-99 Date Daytime Phone #

CR2E037 (1/98)