

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N37985 (1)

1. Corporation Name
IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 20 ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business A-S-M PROPERTY MGT 3475 HIATUS ROAD SUNRISE FL 33351 US | Mailing Address A-S-M PROPERTY MGT 3475 HIATUS ROAD SUNRISE FL 33351 US |
|---|---|

| | | |
|--|--|---|
| 3. Date Incorporated or Qualified 05/02/1990 | 4. FEI Number 65-0220171 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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|---|--|
| 2. Principal Place of Business 21 United Community Mgmt Suite, Apt. #, etc. 22 3300 University Dr. #405 City & State 23 Coral Springs, FL Zip 24 33065 Country 25 USA | 2a. Mailing Address 26 United Community Mgmt Suite, Apt. #, etc. 27 3300 University Dr. #405 City & State 28 Coral Springs, FL Zip 29 33065 Country 30 USA |
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9. Name and Address of Current Registered Agent
**WALDRON, MALCOLM H III
3475 HIATUS ROAD
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

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|---|
| 81 Name United Community Mgmt Corp |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3300 University Dr. |
| 83 #405 |
| 84 City Coral Springs |
| 85 FL |
| 86 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.** DATE **4/14/98**

12. OFFICERS AND DIRECTORS

| | | | | |
|--------------------|---------------------------------|---|---|---------------------------------|
| TITLE PO | NAME RUSSELL, REBECCA | STREET ADDRESS 400 N W 108 TERRACE | CITY-ST-ZIP PEMBROKE PINES FL 33026 | <input type="checkbox"/> DELETE |
| TITLE TO | NAME PRIESTER, KAREN | STREET ADDRESS 406 NW 10TH TERRACE | CITY-ST-ZIP PEMBROKE PINES FL 33026 | <input type="checkbox"/> DELETE |
| TITLE SD | NAME ANDERSON, LUELLA | STREET ADDRESS 404 NW 108TH TERRACE | CITY-ST-ZIP PEMBROKE PINES FL 33026 | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 on an attachment with an address.

SIGNATURE: **Rebecca Russell** DATE: **4-28-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)