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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 # N43508 (3)

1. Corporation Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 18B AS
SOCIATION, INC.

Principal Place of Business

Mailing Address

A-S-M PROPERTY MGT
3475 HIATUS RD
SUNRISE FL 33351
US

A-S-M PROPERTY MGT
3475 HIATUS RD
SUNRISE FL 33351
US

3. Date Incorporated or Qualified

05/21/1991

4. FEI Number

65-0294527

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

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

10. Name and Address of New Registered Agent

WALDRON, M M H
3475 HIATUS RD
SUNRISE FL 33351

81 Name
82 United Community Mgmt. Corp.
83 Street Address (P.O. Box Number is Not Acceptable)
84 3300 University Dr.
85 # 405
86 City
87 Coral Springs
88 FL
89 Zip Code
90 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, and 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 filing statement)

DATE

4/26/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PO
NAME PEREZ, B.
STREET ADDRESS 10829 NW 3RD CT.
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE VD
NAME DAVES, S.
STREET ADDRESS 10823 NW 3RD CT.
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE SD
NAME BROWN, B.
STREET ADDRESS 10825 NW 3RD CT.
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE TD
NAME CHIN-SANG, R.
STREET ADDRESS 10821 NW 3RD CT.
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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

4/29/98

Date

Daytime Phone # 0038312

CR2E037 (10/97)