

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 015 ****61.25

0022295

DOCUMENT # N43508

1. Corporation Name

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

Principal Place of Business

**UNITED COMMUNITY MANAGEMENT
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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **PD** ☒ DELETE

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

TITLE **VD** ☒ DELETE

NAME **DAVIES, S.**
STREET ADDRESS **10823 NW 3RD CT.**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **SD** ☒ DELETE

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

TITLE **TD** ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **SD Rebecca Russell**
1.3 STREET ADDRESS **400 NW 108 Terr.**
1.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

2.1 TITLE **TD** ☐ Change ☒ Addition

2.2 NAME **Thomas Delgross**
2.3 STREET ADDRESS **521 NW 108 Terr**
2.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

3.1 TITLE **PD** ☐ Change ☒ Addition

3.2 NAME **Kimberly Brigham**
3.3 STREET ADDRESS **405 NW 108 Terr.**
3.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)