

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001713 (5)

1. Corporation Name

UNITED DEVELOPMENT COMMUNITIES, INC.



Principal Place of Business	Mailing Address
3706 NO. OCEAN BLVD. STE 370 FORT LAUDERDALE FL 33308	3706 NO. OCEAN BLVD. STE 370 FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified	04/12/1995
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4. FEI Number	65-0591072	Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

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 type="checkbox"/> Yes <input checked="" 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	

9. Name and Address of Current Registered Agent
MMNA, CURTIS 3706 NO. OCEAN BLVD. STE 370 FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Curtis John Mimm* *Curtis Mimm* 4/20/98
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 <input checked="" type="checkbox"/> DELETE
NAME	MMNA, CURTIS
STREET ADDRESS	3706 NO. OCEAN BLVD. STE 370
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	BAKER, PRISCILLA
STREET ADDRESS	3706 NO. OCEAN BLVD. STE 370
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	REVALES, RON
STREET ADDRESS	3706 NO. OCEAN BLVD. STE 370
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chairman - PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lenny Ngedleman
1.3 STREET ADDRESS	3706 North Ocean Blvd, Suite 370
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
2.1 TITLE	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Baker, Priscilla
2.3 STREET ADDRESS	3706 North Ocean Blvd, Suite 370
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
3.1 TITLE	Vice Chairman - VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Liz Barnes
3.3 STREET ADDRESS	3706 North Ocean Blvd, Suite 370
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
4.1 TITLE	Debra Farnham - Trustees <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3706 North Ocean Blvd, Suite 370, Fort Lauderdale, FL 33308
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, or on an attachment with an address.

SIGNATURE *Curtis John Mimm* 4/20/98 954 52-3055

CR2E037 (10/97)