2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000001713

1. Entity 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

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0591072
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIMNA, CURTIS
3706 NO. OCEAN BLVD. STE 370
FORT LAUDERDALE, FL 33308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	NEEDLEMAN, LENNY
STREET ADDRESS	3706 NORTH OCEAN BLVD, SUITE 370
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	ED
NAME	BARKER, PRISCILLA
STREET ADDRESS	3706 N OCEAN BLVD, SUITE 370
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VCD
NAME	BARNES, LIZ
STREET ADDRESS	3706 N OCEAN BLVD, SUITE 370
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	SD
NAME	JACUMIN, ROBERT
STREET ADDRESS	3706 NORTH OCEAN BLVD, SUITE 370
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/05-80095-013 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Priscilla H. Barker 2/16/05 954 537-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #