



**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

**Jul 15, 2005 8:00 A.M.
Secretary of State**

<p>DOCUMENT # N02000009876</p> <p>1. Entity Name UNIVERSITY TRAIL CONDOMINIUM ASSOCIATION, INC.</p>																										
<p>Principal Place of Business 830 SW 129 PL MIAMI, FL 33184</p>		<p>Mailing Address 830 SW 129 PL MIAMI, FL 33184</p>																								
<p>2. Principal Place of Business</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. Mailing Address</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																								
																										
		<p>07012005 Chg-NP CR2E037 (10/03)</p>																								
		<p>4. FEI Number 57-1150559</p> <p>Applied For <input type="checkbox"/> Not Applicable</p>																								
		<p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>																								
<p>6. Name and Address of Current Registered Agent</p> <p>MJB MANAGEMENT SERVICES, INC 19501 NE 10 AVE #300 MIAMI, FL 33179</p>		<p>7. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City FL Zip Code</p>																								
<p>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.</p>																										
<p>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____</p> <p><small>Signature: typed or printed name of registered agent and title if applicable.</small></p>																										
<p>Amended AR is \$61.25</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>																								
<p>Make check payable to Florida Department of State</p>																										
<p>10. OFFICERS AND DIRECTORS</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p>																								
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<p>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.</p>																										
<p>SIGNATURE: _____</p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		<p>7/4/05 305-665-1526</p> <p style="text-align: center;"><small>Date Daytime Phone #</small></p>																								

T. Roberts III