

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001782

FILED
Jan 19, 2009
Secretary of State

Entity Name: TROJAN PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10820 S.W. 200 DRIVE
MIAMI, FL 33174

New Principal Place of Business:

10820 S.W. 200 DRIVE
MIAMI, FL 33157

Current Mailing Address:

10820 S.W. 200 DRIVE
MIAMI, FL 33174

New Mailing Address:

10820 S.W. 200 DRIVE
MIAMI, FL 33157

FEI Number: 41-2147503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORIS, ALBERTO N
8700 W FLAGLER STE 170
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAGO, JULIO
Address: 8700 W FLAGLER STE 165
City-St-Zip: MIAMI, FL 33174

Title: V () Delete
Name: RODRIGUEZ, JULIO
Address: 8700 W FLAGLER STE 165
City-St-Zip: MIAMI, FL 33174

Title: ST (X) Delete
Name: AVILA, MANUEL
Address: 8700 W FLAGLER STE 165
City-St-Zip: MIAMI, FL 33174

Title: D (X) Delete
Name: ORTA, RAFAEL
Address: 8700 W FLAGLER STE 170
City-St-Zip: MIAMI, FL 33174

Title: D (X) Delete
Name: DIPPUGLIA, DAVID
Address: 8700 W FLAGLER STE 170
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAGO, JULIO
Address: 10820 SW 200 DRIVE
City-St-Zip: CUTLER BAY, FL 33157

Title: V (X) Change () Addition
Name: ORTA, RAFAEL
Address: 10820 S 200 DRIVE
City-St-Zip: CUTLER BAY, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO LAGO

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date