2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90004 025 ****62.50

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1. Entity Name
UNIVERSITY TRAIL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
830 SW 129 PL MIAMI, FL 33184	830 SW 129 PL MIAMI, FL 33184

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1150559 ☐ Applied For ☐ Not Applicable

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

01252005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

KRISS, RONALD A
ONE SE THIRD AVE, SUITE 2800
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name MJB MANAGEMENT SERVICES INC.
Street Address (P.O. Box Number is Not Acceptable)
19501 NE 10 AVE # 300
City MIAMI FL Zip Code 33179

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 JRBT JOSEPH R. BORONAT D.P. 1/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZALDIVAR, FIDEL 830 SW 129 PL MIAMI, FL 33184	☐ Delete	D.S FIDEL ZALDIVAR 830SW 129 PL, MIAMI, FL 33184	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT PERRY, JAMES F 830 SW 129 PL MIAMI, FL 33184	☒ Delete	D.P ALBERTO LEE UNIT 208 8705W129 PL, MIAMI 33184	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARRODEGUAS, VICENTE 830 SW 129 PL MIAMI, FL 33184	☒ Delete	D.T. NATASHA ANEZ 8705W129 PL, #203, MIAMI FL 33184	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ALBERTO LEE D.P 1/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #