

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009876

1. Entity Name
UNIVERSITY TRAIL CONDOMINIUM ASSOCIATION, INC.



FILED

06 MAR 28 AM 10:11

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

Mailing Address
830 SW 129 PL
MIAMI, FL 33184

01/23/06 90042 048 625
[Barcode]

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
57-1150559

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MJB MANAGEMENT SERVICES, INC
19501 NE 10 AVE #300
MIAMI, FL 33179

Name *Empress Property Management, Inc*
Street Address (P.O. Box Number is Not Acceptable)
15190 S.W. 136 St. Ste 18
City *MIAMI* FL Zip Code *33196*

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

Alice C. March

3/17/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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
LEE, ALBERTO
~~8705 W. 129 PL~~
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
830 SW 129 PL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ANEZ, NATASHA
830 SW 129 PL
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANEZ, Natacha ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALEXANDER, ALVAREZ
870 SW 129TH PL #207
MIAMI, FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALVAREZ, ALEXANDER ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 305 665-1526

Date

Daytime Phone #