2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

RT FILED Mar 27, 2009 Secretary of State **DOCUMENT# 748535**

Entity Name: SPANISH TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10766 N. KENDALL DR. MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

10766 N. KENDALL DR. MIAMI, FL 33176

FEI Number: 59-1943668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNLIMITED PROPERTY MANAGEMENT 7655 NW 50 STREET MIAMI, FL 33166

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete RUIS, ORLANDO RIUS, ORLANDO Name: Name: 7655 NW 50 STREET Address: 7655 NW 50 STREET Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

Title: () Delete Title: () Change () Addition

Name: GUERRA, RAFAEL Name: Address: 7655 NW 50 STREET Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: () Delete Title: () Change () Addition

SCHLEEF, RONDOLPH Name: Name: 7655 NW 50 STREET Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition

SANCHEZ, LEONOR Name: Name: PENATE, ANA 7655 NW 50 STREET 7655 NW 50 STREET Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

Title: () Delete Title: () Change () Addition

FOUR ACRE, LEVIN CLAUDE Name: Name: 7655 NW 50 STREET Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: () Delete Title: () Change () Addition

VENTURA, NICHOLAS Name: Name: Address: 7655 NW 50 STREET Address: MIAMI, FL 33166 City-St-Zip: 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: RANDOLPH SCHLEEF PD 03/27/2009





Spanish Trace Condominium Association, Inc.

March 27, 2009

Corporation name: Spanish Trace Condominium Association, Inc.

Document #: 748535

FEI/EIN Number: 591943668

To Whom It May Concern:

Please amend the following name as a director:

Title: Director

Name: Leonor Sanchez

Street Address: 7655 NW 50 Street

City, State: Miami, FL Zip code & Country: 33166

Should you have any questions regarding this letter please contact our office at

any of the phone numbers mentioned below.

Thank you, Unlimited Property Management Protecting your interests