2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000009876

TI FILED
Oct 13, 2009
Secretary of State

Entity Name: UNIVERSITY TRAIL CONDOMINIUM ASSOCIATION, INC.

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

Current Mailing Address: New Mailing Address:

13831 SW 59 ST 105 MIAMI, FL 33183 13831 SW 59 ST 107 MIAMI, FL 33183

FEI Number: 57-1150559 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:

CUEVAS & ORTIZ, PA 536 BILTMORE WAY CORAL GABLES, FL 33134 US

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:

P/D (X) Change () Addition () Delete LEE, ALBERTÓ LEE, ALBERTO Name: Name: 830 SW 129 PL Address: 830 SW 129 PL Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: MIAMI, FL 33184 Title: DTS Title: () Delete () Change () Addition Name: ANEZ, NATACHA Name: Address: 830 SW 129 PL Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: OLIVA, MARCELO Name: 13831 SW 59 ST #107 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33183 () Change (X) Addition Title: () Delete Title: Name: Name: ROJAS, OLGA 13831 SW 59 ST. #107 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33183 Title: () Delete Title: () Change (X) Addition CONSEA, ADABERTO Name: Name: 13831 SW 59 ST #107 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33183 Title: () Delete Title: () Change (X) Addition CAWEJO, BERTA Name: Name: Address: Address: 13831 SW 59 ST #107 MIAMI, FL 33183 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: MARCELO OLIVA PRES 10/13/2009