

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02000009876

**Entity Name:** UNIVERSITY TRAIL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 22, 2017**  
**Secretary of State**  
**CC3030234865**

**Current Principal Place of Business:**

830 SW 129 AVE  
CLUB HOUSE  
MIAMI, FL 33175

**Current Mailing Address:**

C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 STREET 204  
MIAMI, FL 33126 US

**FEI Number: 57-1150559**

**Certificate of Status Desired: No**

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

RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 STREET  
204  
MIAMI, FL 33126 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: MARILYN VALDES**

**05/22/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MEJIAS , DAISY  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name AGETE, BARBARA  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title PRESIDENT  
Name HIDALGO, BARBARA  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title D  
Name FARIÑAS, CARLOS  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

Title SECRETARY  
Name CAMEJO, BERTA  
Address C/O RENOVATIONS PROPERTY MANAGEMENT  
8000 NW 7 ST 204  
City-State-Zip: MIAMI FL 33126

*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA HIDALGO**

**P**

**05/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date