2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724964

FILED Jan 26, 2009 Secretary of State

Entity Name: UNIVERSITY MANORS CONDOMINIUM NUMBER FOUR, INC.

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

2041 NW 81ST AVENUE NO. 430

PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

2041 NW 81 ST. AVE.

#430

PEMBROKE PINES, FL 33024 US

FEI Number: 59-1515437 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:

SANTOS, CLAUDIA

2060 NW 81 AVENUE

#330

BECKER AND POLIAKOFF

3111 STIRLING ROAD

FT LAUDERDALE, FL 33310 US

PEMBROKE PINES, FL 33024 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: ROBERT RUBINSTEIN, ESQ. 01/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: VALENCIA, MARTHA Name: VALENCIA, MARTA

Address: 2041 N.W. 81 AVENUE #417 Address: 2041 N.W. 81 AVENUE #417
City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: PEMBROKE PINES, FL 33024 US

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

 Name:
 PENKUHN, HANS
 Name:

 Address:
 2041 NW 81ST AVENUE #413
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US
 City-St-Zip:

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

Name: YU, MARINA Name: YU, MARINA

 Address:
 2041 NW 81ST. AVENUE #415
 Address:
 2041 NW 81ST AVENUE #415

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US
 City-St-Zip:
 PEMBROKE PINES, FL 33024 US

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

 Name:
 CESPEDES, PALMIRA
 Name:

 Address:
 2041 NW 81ST AVENUE #412
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024 US
 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: MARTA VALENCIA PD 01/26/2009