## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#767115**

FILED Jan 09, 2009 Secretary of State

Entity Name: INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
UNLIMITED PROPERTY MGMT LLC 7655 NW 50 ST MIAMI, FL 33166				INTERNATIONAL PARK I / UPM 7655 NW 50 ST MIAMI, FL 33166				
Current Mailing Address:				New Mailing Address:				
UNLIMITED P.O BOX 44 MIAMI, FL 3		MGMT LLC		UPM P.O BOX 44 MIAMI, FL				
FEI Number:	59-2247624	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certific	ate of Status Des	ired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address o	of New Reg	gistered Agen	t:
UNLIMITED PROPERTY MANAGEMENT LLC 7655 NW 50 ST MIAMI, FL 33166 US				UPM 7655 NW 50 ST MIAMI, FL 33166 US				
The above in the State		submits this statement for the p	urpose o	f changing it	s registere	d office or	registered age	nt, or both,
SIGNATURE: UPM						(	01/09/2009	
	Electron	ic Signature of Registered Age	nt				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TD () ROJAS, MARLE 7655 NW 50 ST MIAMI, FL 3310	-		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP () PINON, ANDRE 7655 NW 50 ST MIAMI, FL 3310	-		Title: Name: Address: City-St-Zip:	VP PIÑON, ANI 7655 NW 5 MIAMI, FL	0 ST	( ) Addition	
Title: Name: Address: City-St-Zip:	SD () ALVAREZ, HILE 7655 NW 50 ST MIAMI, FL 3310	-		Title: Name: Address: City-St-Zip:	SD PARRA, TE 7655 NW 5 MIAMI, FL		1 /	
Title: Name: Address: City-St-Zip:	PD () PEREZ, EDEL 7655 NW 50 ST MIAMI, FL 3310			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D MARTINEZ 7655 NW 5 MIAMI, FL	0 ST	(X) Addition	

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: EDEL PEREZ P 01/09/2009