

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2009
Secretary of State

DOCUMENT# 767115

Entity Name: INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**INTERNATIONAL PARK I / UPM
7655 NW 50 ST
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**UPM
P.O BOX 440067
MIAMI, FL 33144**New Mailing Address:****FEI Number:** 59-2247624**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UPM
7655 NW 50 ST
MIAMI, FL 33166 US**Name and Address of New Registered Agent:**

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:**Title:** TD () Delete
Name: ROJAS, MARLENE
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** VP () Delete
Name: PIÑON, ANDRES
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** SD () Delete
Name: PARRA, TERESA DEL PILAR
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** PD () Delete
Name: PEREZ, EDEL
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** D () Delete
Name: MARTINEZ, YORDAN
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD (X) Change () Addition
Name: ARBOLEDA, MARIA C
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: ESTEVEZ, MARIA E
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** PD (X) Change () Addition
Name: JOA, JOSEFINA
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166**Title:** D (X) Change () Addition
Name: GARCIA, MARIBEL
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166

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: JOSEFINA JOA

MRS

07/02/2009

Electronic Signature of Signing Officer or Director

Date