

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 2009
Secretary of State

DOCUMENT# N05876

Entity Name: THE NEW PASEOS CASTELLANOS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O PROPERTY MANAGEMENT SERV.
8299 CORAL WAY
MIAMI, FL 33155 US**New Principal Place of Business:****Current Mailing Address:**C/O PROPERTY MANAGEMENT SERV.
8299 CORAL WAY
MIAMI, FL 33155 US**New Mailing Address:****FEI Number:** 59-2599116**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIAY, CARLOS A.
999 PONCE DE LEON
SUITE 110
MIAMI, FL 33134 US**Name and Address of New Registered Agent:**TRIAY, CARLOS A.
2301 NW 87 AVE
DORAL, FL 33172 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: _____

09/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: COTTON, PATRICIA
Address: 12277 S 16 TERR #107
City-St-Zip: MIAMI, FL 33175**Title:** T () Delete
Name: ARJONA, MARIA
Address: 12262 SW 17 LN #V101
City-St-Zip: MIAMI, FL 33175**Title:** PD () Delete
Name: PEDRAYES, ARLENE
Address: 12262 SW 17 LN 106
City-St-Zip: MIAMI, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: ARLENE PEDRAYES

PD

09/14/2009

Electronic Signature of Signing Officer or Director

Date