2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# N33346

Entity Name: TRAIL HEIGHTS GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0149867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUR POINTS PROPERTY MANAGMENT, INC.
790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010 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:	VD	(X) Delete
Name:	RODRIGUEZ, RAUL	
Address:	790 WEST 20TH STREET	
City-St-Zip:	HIALEAH, FL 33010	
Title:	PD	( ) Delete
Name:	AZCARATE, CARLOS	
Address:	790 WEST 20TH STREET	
City-St-Zip:	HIALEAH, FL 33010	
Title:	SD	( ) Delete
Name:	SERRANO, ISIDRA	
Address:	790 WEST 20TH STREET	
City-St-Zip:	HIALEAH, FL 33010	
Title:	TD	( ) Delete
Name:	ESTRADA, ISABEL	
Address:	790 WEST 20TH STREET	
City-St-Zip:	HIALEAH, FL 33010	
Title:	D	( ) Delete
Name:	CASTRO, JUSTO	
Address:	790 WEST 20TH STREET	
City-St-Zip:	HIALEAH, FL 33010	

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:	
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: CARLOS AZCARATE PD 10/09/2009
Electronic Signature of Signing Officer or Director — Date