2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N37927

Entity Name: UNIVERSITY INN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9000 SW 152ND ST
#102
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9000 SW 152ND ST
#102
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-0281594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: NARVAEZ, MIKE D
Address: 1280 S ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: SALEMI, JORGEANN
Address: 1280 SOUTH ALHAMBRA CIRCLE #1307
City-St-Zip: CORAL GABLES, FL 33146

Title: TD ( ) Delete
Name: PEAKE, BEVERLY
Address: 1280 SOUTH ALHAMBRA CIRCLE #2313
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NARVAEZ, MIKE D
Address: 1280 S ALHAMBRA CIRCLE # 1204
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D (X) Change ( ) Addition
Name: SALEMI, JORGEANN
Address: 1280 SOUTH ALHAMBRA CIRCLE #1307
City-St-Zip: CORAL GABLES, FL 33146 US

Title: ST (X) Change ( ) Addition
Name: PEAKE, BEVERLY
Address: 1280 SOUTH ALHAMBRA CIRCLE #2313
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP ( ) Change (X) Addition
Name: CARR, CHRIS
Address: 1280 S. ALHAMBRA CR # 2205
City-St-Zip: CORAL GABLES, FL 33146 US

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: MIKE DE NARVAEZ P 03/09/2009

Electronic Signature of Signing Officer or Director — Date