

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37927

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** UNIVERSITY INN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1280 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SW 152 STREET  
SUITE 102  
PALMETTO BAY, FL 33157

**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: TD  
Name: NARVAEZ, MIKE D  
Address: 1280 S ALHAMBRA CIRCLE # 1204  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PD  
Name: LONGO, DOLORES  
Address: 7220 SW 57TH AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: VP  
Name: PEAKE, BEVERLY  
Address: 1280 SOUTH ALHAMBRA CIRCLE #2313  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D  
Name: SALEMI, JORGE A  
Address: 1280 S. ALHAMBRA CIRCLE # 1307  
City-St-Zip: CORAL GABLES, FL 33146

Title: S  
Name: CLACHAR, ARLENE  
Address: 1280 S. ALHAMBRA CR # 2419  
City-St-Zip: CORAL GLABLES, FL 33146 US

I hereby 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 all other like empowered.

SIGNATURE: DOLORES LONGO

P

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date