2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004126

FILED Apr 14, 2009 Secretary of State

Entity Name: UNIVERSITY VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

710 S.W. 114 AVENUE # B-4 MIAMI, FL 33174 US

Current Mailing Address: New Mailing Address:

400 S.W. 107TH AVENUE

MIAMI, FL 33174

FEI Number: 65-0905882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYDEE RODRIGUEZ 710 S.W. 114 AVENUE B-4 MIAMI, FL 33174 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

ORTEGA, RAUL ORTEGA, RAUL Name: 11405 S.W. 7 TERRACE # D-6 Address: 11405 S.W. 7 TERRACE # D-6 Address:

City-St-Zip: MIAMI, FL 33174 US City-St-Zip: MIAMI, FL 33174 US

Title: Title: () Delete

(X) Change () Addition RODRIGUEZ, HAYDEE Name: RODRIGUEZ, HAYDEE Name: Address: 710 S.W. 114 AVENUE # B-4 Address: 710 S.W. 114 AVENUE # B-4

City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174

Title: () Delete Title: P/D (X) Change () Addition

GARCIA, OFELIA GARCIA, OFELIA Name: Name: 710 S.W. 114 AVENUE # A-1 710 S.W. 114 AVENUE # A-1 Address:

Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33174

Title: VD (X) Delete Title: () Change () Addition

Name: HERNANDEZ, PORFIRIO Name: 11405 S.W. 7 TERRACE # D-5 Address: Address: City-St-Zip: MIAMI, FL 33174 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MERA, LUIS Name: Name: 11405 S.W. 7 TERRACE # D-4 Address: Address: MIAMI, FL 33174 US City-St-Zip: 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: OFELIA GARCIA P/D 04/14/2009