


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 001 ****61.25

DOCUMENT # 727885

1. Entity Name
KENNEDY HOUSE CONDOMINIUM, INC.



Principal Place of Business
1865 KENNEDY CAUSEWAY
NO BAY VILLAGE, FL 33141

Mailing Address
~~1865 KENNEDY CAUSEWAY~~
~~NO BAY VILLAGE, FL 33141~~

94049400



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
6501 NW 36th ST.
 Suite, Apt. #, etc.
Suite 385
 City & State
Miami, FL

02162004 Chg-NP CR2E037 (10/03)

Zip Country Zip Country
33166

4. FEI Number
59-1806177

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

~~GLAZER & ASSOCIATES, P.A.~~
~~1920 EAST HALLANDALE BEACH BOULEVARD~~
~~EIGHTH FLOOR~~
~~HALLANDALE, FL 33009~~

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

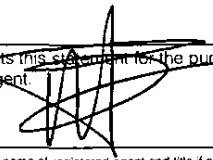
Name
Law office of Maritza Betancourt, P.A.

Street Address (P.O. Box Number is Not Acceptable)
19 West Flagler Street Suite 301

City
Miami

Zip Code
FL 33130

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/5/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEMPORINI, ELIDA	
STREET ADDRESS	1865 KENNEDY CAUSEWAY #70	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VARCUS, DOMINGO	
STREET ADDRESS	1865 KENNEDY CAUSEWAY	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NILSSEN, SIGRID	
STREET ADDRESS	1865 KENNEDY CAUSEWAY #2H	
CITY-ST-ZIP	NO BAY VILLAGE, FL 33141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OTEIZA, MERCEDES	
STREET ADDRESS	1865 KENNEDY CAUSEWAY	
CITY-ST-ZIP	NO BAY VILLAGE, FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEMPORINI, ELIDA	
STREET ADDRESS	1865 KENNEDY CAUSEWAY	
CITY-ST-ZIP	NO BAY VILLAGE, FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EXPOSITO, EVA	
STREET ADDRESS	1865 KENNEDY CAUSEWAY #7M	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Morris	
STREET ADDRESS	1865 Kennedy Causeway #12-D	
CITY-ST-ZIP	Miami, FL 33141	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eva Exposito	
STREET ADDRESS	1865 Kennedy Causeway # 7-M	
CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ivan Burgueno	
STREET ADDRESS	1865 Kennedy Causeway #15-E	
CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Heftel	
STREET ADDRESS	1865 Kennedy Causeway #15-D	
CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR