

**2005 NOT FOR AMENDMENT PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90125 023 \*\*\*\*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  
**7953 N.W. 53 STREET  
 N. BAY VILLAGE, FL 33166**

14015628



2. Principal Place of Business

3. Mailing Address  
**1865 Kennedy causeway  
 Suite, Apt. #, etc.  
 NO. BAY VILLAGE**

04112005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1806177**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33141**

Country  
**U.S.**

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

6. Name and Address of Current Registered Agent

**SKRLD, INC.  
 201 ALHAMBRA CIRCLE, #1102  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Amended AR is \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **LOZANO, RAFAEL**  
 STREET ADDRESS **1865 KENNEDY CAUSEWAY, 9L**  
 CITY-ST-ZIP **N. BAY VILLAGE, FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MORRIS, TIMOTHY**  
 STREET ADDRESS **1865 KENNEDY CAUSEWAY #12-D**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **TD**  Change  Addition  
 NAME **BRITO JORGE**  
 STREET ADDRESS **1865 Kennedy causeway # 5-B**  
 CITY-ST-ZIP **N. Bay VILLAGE FL 33141**

TITLE **SD**  Delete  
 NAME **BAKST, ANN A**  
 STREET ADDRESS **1865 KENNEDY CAUSEWAY, 7-D**  
 CITY-ST-ZIP **N. BAY VILLAGE, FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ARN, KEVIN**  
 STREET ADDRESS **1865 KENNEDY CAUSEWAY, 2-J**  
 CITY-ST-ZIP **N. BAY VILLAGE, FL 33141**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **HEFTEL, LISA**  
 STREET ADDRESS **1865 KENNEDY CAUSEWAY #15-D**  
 CITY-ST-ZIP **N. BAY VILLAGE, FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Sumter, MARIA**  
 STREET ADDRESS **1865 Kennedy causeway 6-N**  
 CITY-ST-ZIP **N. Bay VILLAGE FL 33141**

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: **ANNA BAKST** Anna Bakst

4/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #