

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 049 ****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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1806177 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent:
PARISER, BRIAN W P.A.
9130 SOUTH DADELAND BLVD.
SUITE 1511
MIAMI, FL 33156

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)

Filing Fee is \$61.25
Due by May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	MORRIS, TIMOTHY	
STREET ADDRESS	1865 KENNEDY CAUSEWAY SUITE 12-D	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRITO, GEORGE	
STREET ADDRESS	1865 KENNEDY CAUSEWAY #5-B	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE VOLENTINE, MELISSA	
STREET ADDRESS	1865 KENNEDY CAUSEWAY SUITE 3H	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARN, KEVIN	
STREET ADDRESS	1865 KENNEDY CAUSEWAY, 2-J	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUMTER, MARIA	
STREET ADDRESS	1865 KENNEDY CAUSEWAY #6-H	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VOLENTINE, MELISSA	
STREET ADDRESS	1865 Kennedy Causeway Suite 3-H	
CITY-ST-ZIP	N. Bay Village, FL 33141	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA HEFTEL	
STREET ADDRESS	1865 Kennedy Cswy suite 15-D	
CITY-ST-ZIP	NORTH 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 exemptions contained 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 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: *George Brito*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 786-299-694
Date Daytime Phone #