



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 047 ****70.00

DOCUMENT # 729149							
1. Entity Name KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 13250 SW 135 AVE MIAMI FL, 33186			Mailing Address 13250 SW 135 AVE MIAMI FL, FL 33186				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1531464			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SKRLD, INC. 201 ALHAMBRA CIRCLE/% LISA LERNER SUITE 1102 CORAL GABLES, FL 33134			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 _____				
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEISSBERG, CRAIG		NAME	Kiley, Robert			
STREET ADDRESS	8401 SW 107 AVE., #157E		STREET ADDRESS	8415 SW 107 AVE. 333W			
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33173			
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AQUILES, JIM		NAME	Aguiles, Jim			
STREET ADDRESS	8401 SW 107 AVE, 332E		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANDES, MIRIAM		NAME				
STREET ADDRESS	8401 SW 107TH AVE, 310W		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KILEY, ROBERT		NAME	Alexander, George			
STREET ADDRESS	8415 SW 107 AVE, 333W		STREET ADDRESS	2401 SW 107 AVE., 231E			
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33173			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLANCO, JANET		NAME	PUGIA, EUNICE			
STREET ADDRESS	8401 SW 107 AVE # 275E		STREET ADDRESS	8401 SW 107 AVE., 229E			
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33173			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	CALZADA, EMILIO			
STREET ADDRESS			STREET ADDRESS	8401 SW 107 AVE., 264E			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33173			
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: 			CRAIG WEISSBERG, PRESIDENT 3/20/07 (305) 271-1753				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				