


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90085 039 ****61.25

DOCUMENT # 730333

1. Entity Name
KENDALL GATE - A CONDOMINIUM, INC.



Principal Place of Business
**10850 N. KENDALL DRIVE
 MIAMI, FL 33176**

Mailing Address
**C/O THE FOSTER CO
 P. O. BOX 565820
 MIAMI, FL 33256-5820 US**

50008562



2. Principal Place of Business
C/O The Foster Co.

3. Mailing Address

Suite, Apt. #, etc.
12396 SW 82 Ave

Suite, Apt. #, etc.
12396 SW 82 Ave

City & State
Miami FL

City & State
MIAMI, FL

Zip
33156

Country
USA

Zip
33156

Country
USA

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1555813

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FOSTER J SCOTT, JR
 12394 SW 82 AVE
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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 VPD	BROOKMAN, HARRIET 10854 N KENDALL DR #218 MIAMI, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PDD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHAN, HENRIETTA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	10854 N KENDALL DR SUITE 203	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, DORIS <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	10850 N. KENDALL DR. #207	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, DEANNA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	10854 N. KENDALL DR. #3-115	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *1/26/05* (305) 254-7228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR