2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am

AUTONE INEI OITI							_ 56	Secretary of State				
DOCUMENT # 730333 1. Entity Name KENDALL GATE - A CONDOMINIUM, INC.							2-13-2006					
C/O THE FOSTER COMPANY 12396 SOUTHWEST 82 AVENUE			C/O T 1239	Mailing Address C/O THE FOSTER COMPANY 12396 SOUTHWEST 82 AVENUE MIAMI, FL 33156 US					[]]] []]]	OFI WING NEWN OID	181 0 3 0 1 1 03 71	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242006 C	Chg-NP	CR2E0	37 (11/05)				
City & Stat	te		City & State				4. FEI Number 59-15558	13			oplied For ot Applicable	
Zip		Country	Zip	-	Cou	intry	5. Certificate of S			\$8.75 Add Fee Require		
	6. Name	and Address of Current R	Registere	d Agent		\$1a	7. Name and Ad	dress of New	Registered	Agent		
FOSTER J SCOTT, JR 12394 SW 82 AVE				Name Street Address			ss (P.O. Box Number is	(P.O. Box Number is Not Acceptable)				
MIAMI, FL	. 33156						—					
						City				Zip Cod	le .	
				- 1 1 1					FL	<u> </u>		
	e named entit tions of regist	ly submits this statement for tered agent.	the purp	ose of changing its	registere	ed office or regis	stered agent, or both, in	n the State of	Florida. I am	familiar with,	and accept	
-	_	•										
SIGNATURE		or printed name of registered agent as	nd title if app	licable. (NOTE	: Registered	d Agent signature requ	ulred when reinstating)		DATE	······································	<u></u>	
SIGNATURE	Signature, typed		nd title il app			<u> </u>		1			<u>_</u>	
SIGNATURE	Signature, typed	o or printed name of registered agent as the Is \$61.25 May 1, 2006	ind title if app	9. Election Carr Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees	Fi	Make chec	k payable to		
10.	Filing Fe	e is \$61.25		9. Election Carr Trust Fund C	npaign F	inancing	\$5.00 May Be	<u> 1 </u>	Make chec orida Depa	rtment of S	tate	
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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: Heretts Ka Lan
SIGNATURE OF SIGNATURE OF SIGNING OFFICER OR DIRECTOR