


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90026 013 ****61.25

DOCUMENT # 730333 1. Entity Name KENDALL GATE - A CONDOMINIUM, INC.			
Principal Place of Business C/O THE FOSTER COMPANY 12396 SOUTHWEST 82 AVENUE MIAMI, FL 33156		Mailing Address C/O THE FOSTER COMPANY 12396 SOUTHWEST 82 AVENUE MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 9000 SW 152nd Street		3. Mailing Address 9000 SW 152nd Street	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State MIAMI, FL		City & State MIAMI, FL	
4. FEI Number 59-1555813		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: FOSTER J SCOTT, JR. Street Address (P.O. Box Number is Not Acceptable): 9000 SW 152nd Street #102 City: MIAMI FL Zip Code: 33157	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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: VPD <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME: BROOKMAN, HARRIET STREET ADDRESS: 10854 N KENDALL DR #218 CITY-ST-ZIP: MIAMI, FL	TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Viviana Corballo STREET ADDRESS: 10854 N Kendall Dr # 2-304 CITY-ST-ZIP: Miami FL 33176		
TITLE: PDD <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME: KAHAN, HENRIETTA STREET ADDRESS: 10854 N KENDALL DR SUITE 203 CITY-ST-ZIP: MIAMI, FL 33176	TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Jan Fallin STREET ADDRESS: 10850 N Kendall Dr # 1-317 CITY-ST-ZIP: Miami FL 33176		
TITLE: SD <input type="checkbox"/> <input type="checkbox"/> Delete NAME: RYDER, DORIS STREET ADDRESS: 10850 N KENDALL DR. #207 CITY-ST-ZIP: MIAMI, FL 33176	TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Dorie Ryder STREET ADDRESS: 10850 N Kendall Dr # 1-207 CITY-ST-ZIP: Miami FL 33176		
TITLE: TD <input checked="" type="checkbox"/> <input type="checkbox"/> Delete NAME: BRANDON, DEANNA STREET ADDRESS: 10854 N. KENDALL DR. #3-115 CITY-ST-ZIP: MIAMI, FL 33176	TITLE: Sec <input checked="" type="checkbox"/> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Barbara Joza STREET ADDRESS: 10854 N. Kendall Dr # 2-308 CITY-ST-ZIP: Miami FL 33176		
TITLE: <input type="checkbox"/> <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: Director <input checked="" type="checkbox"/> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Barbara Pratt STREET ADDRESS: 10854 N Kendall Dr # 3-120 CITY-ST-ZIP: Miami FL 33176		
TITLE: <input type="checkbox"/> <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: Co Sec <input checked="" type="checkbox"/> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Michelle Douglass STREET ADDRESS: 10854 N Kendall Dr # 7-207 CITY-ST-ZIP: Miami FL 33176		
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: <u>Helen M. Karban</u>		Date: <u>2/10/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	