


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 730333 1. Entity Name KENDALL GATE - A CONDOMINIUM, INC.		
Principal Place of Business 9000 SW 152ND STREET #102 MIAMI, FL 33157		Mailing Address 9000 SW 152ND STREET #102 MIAMI, FL 33157 US
2. Principal Place of Business - No P.O. Box # 10850 N. Kendall Dr	3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL	City & State	
Zip 33177	Country Dade	4. FEI Number 59-1555813
6. Name and Address of Current Registered Agent FOSTER, SCOTT J JR 9000 SW 152ND STREET #102 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Amended AR is \$61.25		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		
TITLE VPD PD	NAME BROOKMAN, HARRIET	<input type="checkbox"/> Delete
STREET ADDRESS 10854 N KENDALL DR #218	CITY-ST-ZIP MIAMI, FL 33176	
TITLE PDD	NAME KAHAN, HENRIETTA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10854 N KENDALL DR SUITE 203	CITY-ST-ZIP MIAMI, FL 33176	
TITLE D	NAME CORBALLO, VIVIANA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10852 N. KENDALL DRIVE #2-304	CITY-ST-ZIP MIAMI, FL 33176	
TITLE TD	NAME BRANDON, DEANNA	<input type="checkbox"/> Delete
STREET ADDRESS 10854 N. KENDALL DR. #3-115	CITY-ST-ZIP MIAMI, FL 33176	
TITLE D	NAME FALLIN, JAN	<input type="checkbox"/> Delete
STREET ADDRESS 10852 N. KENDALL DRIVE # 1-317	CITY-ST-ZIP MIAMI, FL 33176	
TITLE SD JUZA, BARBARA	NAME BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS 10852 N. KENDALL DRIVE #2-308	CITY-ST-ZIP MIAMI, FL 33176	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME SUSAN C. MARINO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10850 N KENDALL DR #211	CITY-ST-ZIP MIAMI, FL 33176	
TITLE VPD	NAME OSVALDO DIAZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10854 N. KENDALL DR #404	CITY-ST-ZIP MIAMI, FL 33176	
TITLE D	NAME CARLOS EGUILUZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10852 N KENDALL DR # 110	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>Harriet Brookman</u>		Date: <u>8/22/07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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