

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 035 ****61.25



DOCUMENT # 730333
 1. Entity Name
 KENDALL GATE - A CONDOMINIUM, INC.

Principal Place of Business
 10850 N. KENDALL DR
 MIAMI, FL 33177

Mailing Address
 10850 N. KENDALL DR
 MIAMI, FL 33177

40047430



2. Principal Place of Business - No P.O. Box #
 9000 SW 152 ST

3. Mailing Address
 9000 SW 152 ST

Suite, Apt. #, etc.
 102

Suite, Apt. #, etc.
 102

01082008 Chg-NP CR2E037 (12/06)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 59-1555813

Applied For
 Not Applicable

Zip
 33157

Country
 USA

Zip
 33157

Country
 USA

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

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROOKMAN, HARRIET	
STREET ADDRESS	10854 N KENDALL DR #218	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARINO, SUSAN	
STREET ADDRESS	10850 N KENDALL DR #211	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, OSVALDO	
STREET ADDRESS	10854 N. KENDALL DRIVE #404	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANDON, DEANNA	
STREET ADDRESS	10854 N. KENDALL DR. #3-115	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALLIN, JAN	
STREET ADDRESS	10852 N. KENDALL DRIVE # 1-317	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUZA, BARBARA	
STREET ADDRESS	10852 N. KENDALL DRIVE #2-308	
CITY-ST-ZIP	MIAMI, FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Harriet Brookman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____