

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90290 039 \*\*\*\*70.00

**DOCUMENT# 735397**  
 1. EntityName  
 KENDALL HEIGHTS COMMUNITY ASSOCIATION, INC.



PrincipalPlaceofBusiness  
 13250SW135THAVENUE  
 MIAMI, FL33186US

MailingAddress  
 13250SW135THAVENUE  
 MIAMI, FL33186US

20018962



2. PrincipalPlaceofBusiness  
 Suite, Apt. #, etc.

3. MailingAddress  
 Suite, Apt. #, etc.

02032005 Chg-NP CR2E037 (10/03)

City&State

4. FEINumber  
 59-1669309

AppliedFor  
 NotApplicable

Zip Country

5. CertificateofStatusDesired  \$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent  
 SKLRD, INC.  
 201 ALHAMBRA CIRCLE, SUITE 1102  
 CORAL GABLES, FL 33134

7. NameandAddressofNewRegisteredAgent  
 Name  
 StreetAddress (P.O.BoxNumberisNotAcceptable)  
 City FL ZipCode

8. Theabovenameidentifiesubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthestateofFlorid.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-instating) 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	STUCKI, IRENE	
STREET ADDRESS	13700 SW 62 ST #103	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, GRACE	
STREET ADDRESS	13700 SW 62 ST #128	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALIREZAEI, ADELISA	
STREET ADDRESS	13700 SW 62 ST #136	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALDANAS, NEMROD	
STREET ADDRESS	13700 SW 62 ST #107	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAVO BERDUGO	
STREET ADDRESS	13700 SW 62 ST. #112	
CITY - ST - ZIP	Miami FL 33183	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson Vega	
STREET ADDRESS	13700 SW 62 ST. # 118	
CITY - ST - ZIP	Miami FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P/D	<input checked="" 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 exemption created 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 I, the undersigned, 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 links empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone# \_\_\_\_\_