


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 735397
 1. Entity Name
KENDALL HEIGHTS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 13250 S W 135TH AVENUE MIAMI, FL 33186 US	Mailing Address 13250 S W 135TH AVENUE MIAMI, FL 33186 US
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02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1669309	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STUCKI, IRENE 13700 SW 62 ST #103 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, GRACE 13700 SW 62 ST #128 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERDUGO, GUSTAVO 13700 SW 62 ST, # 112 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALDANAS, NEMROD 13700 SW 62 ST #107 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGA, NELSON 13700 SW 62 ST, # 118 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/06-80047-001 70.00

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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: Nemrod Saldanas 03-20-06 (305) 303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #