
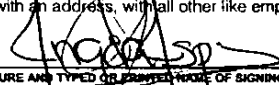


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90015 045 ****70.00

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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03062008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-1669309			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SKLRD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STUCKI, IRENE		NAME	ASPRA, ANGELA			
STREET ADDRESS	13700 SW 62 ST #103		STREET ADDRESS	13700 SW 62 ST. # 132			
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI FL 33183			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, GRACE		NAME	ARCE, REGLA			
STREET ADDRESS	13700 SW 62 ST #128		STREET ADDRESS	13700 SW 62 ST. # 213			
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI FL 33183			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERDUGO, GUSTAVO		NAME	GARCIA, LUZ			
STREET ADDRESS	13700 SW 62 ST. # 142		STREET ADDRESS	13700 SW 62 ST. # 240			
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI FL 33183			
TITLE	RD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SALDANAS, NEMROD	OK	NAME	Rivero, Rosq			
STREET ADDRESS	13700 SW 62 ST #107		STREET ADDRESS	13700 SW 62 ST # 137			
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VEGA, NELSON		NAME	Orozco, Efrain			
STREET ADDRESS	13700 SW 62 ST. # 148		STREET ADDRESS	13700 SW 62 ST # 235			
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOHL, WILLIAM		NAME				
STREET ADDRESS	13700 SW 62 ST. #117		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33183		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: 			Date: 3/25/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-3851460				