


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90072 007 ****61.25

DOCUMENT # 743949

1. Entity Name
 THE GARDENS OF KENDALL CONDOMINIUM NO. 1, ASSOCIATION, INC.



Principal Place of Business
~~10425 SW 112 AVENUE~~
~~12079 S.W. 131ST AVENUE~~
 MIAMI, FL 33176 US

Mailing Address
~~C/O D. BURT~~
~~12079 S.W. 131ST AVENUE~~
 MIAMI, FL 33186

Go The Continental Group Inc.

94007394

2. Principal Place of Business
 11981 SW 144 CT
 (Suite) Apt. #, etc. 301

3. Mailing Address
 11981 SW 144 CT
 (Suite) Apt. #, etc. 301



01092004 Chg-NP CR2E037 (10/03)

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33186

Country

4. FEI Number
 59-1843562

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD INC
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES, FL 33134

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, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME E Hassane, Afif	TITLE PD	NAME PRESIDENT
STREET ADDRESS 10425 SW 112 AVE #326	CITY-ST-ZIP MIAMI, FL	STREET ADDRESS 10425 SW 112 AVE #203	CITY-ST-ZIP MIAMI, FL 33176
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	NAME Callete, Baker	TITLE ST	NAME SECRETARY
STREET ADDRESS 10425 SW 112 AVE #117	CITY-ST-ZIP MIAMI, FL	STREET ADDRESS 10425 SW 112 AVE #113	CITY-ST-ZIP MIAMI, FL 33176
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D	NAME GEORGE, TULIN C	TITLE TD	NAME TREASURER
STREET ADDRESS 10425 SW 112 AVE #116	CITY-ST-ZIP MIAMI, FL	STREET ADDRESS 10425 SW 112 AVE #120	CITY-ST-ZIP MIAMI, FL 33176
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST	NAME JEFF, CAUANAUGH	TITLE	NAME
STREET ADDRESS 10425 SW 112 AVE #125	CITY-ST-ZIP MIAMI, FL	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____