
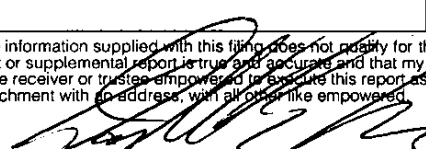


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90193 032 ****61.25

DOCUMENT # 743949					
1. Entity Name THE GARDENS OF KENDALL CONDOMINIUM NO. 1, ASSOCIATION, INC.					
Principal Place of Business 10425 SW 112 AVE MIAMI, FL 33176 US		Mailing Address 18001 OLD CUTLER RD #333 MIAMI, FL 33157 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11981 S.W. 144 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 201			
City & State		City & State MIAMI, FLORIDA		4. FEI Number 59-1843562	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESTER, ANTHONY 18001 OLD CUTLER RD SUITE 333 PALMETTO BAY, FL 33157			7. Name and Address of New Registered Agent Name LAIKEN, GENE Street Address (P.O. Box Number is Not Acceptable) THE CONTINENTAL GROUP, INC. 11981 S.W. 144 COURT, SUITE 201 City MIAMI FL Zip Code 33186		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, GEORGINA 10425 SW 112 AVENUE, UNIT 113 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GAUBRETE, ANA 10425 S.W. 112 AVE., # 119 MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZ, ASUNCION 10425 SW 112 AVE., #120 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YANOVSKY, IGAOR 10425 S.W. 112 AVE., # 316 MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, ELENA 10425 SW #126 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ABOLILA-BARRETO, BRIGETTE 14813 S.W. 153 PLACE MIAMI, FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DON 10425 SW 112 #304 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8386 MILLS DRIVE, # 378 MIAMI, FL 33183		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEHAR, JAMIE 10425 SW 112 #301 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10425 S.W. 112 AVE., # 301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		Daytime Phone #	
DONALD R. TAYLOR		1/16/2007		(385) 596-2417	

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