

FILED

2008 OCT 20 PM 1:14


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Paid By Check Number: 589 - Paid Amount: \$61.25

### 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**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  
11981 SW 144 CT  
SUITE 201  
MIAMI, FL 33186 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



09082008 Chg-NP CR2E037 (12/06)

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

LAIKEN, GENE  
THE CONTINENTAL GROUP, INC  
11981 SW 144 COURT, STE 201  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name THE CONTINENTAL GROUP, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
11981 SW 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 resigning) DATE \_\_\_\_\_

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P SOSSA GAVARRETE, ANA BELLUS 10425 SW 112 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANA BELKIS GAVARRETE-SOSA 10425 SW 112th AVE # 110 MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CISNEROS, NORMA 10425 SW 112 AVE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. IAN GUTHRIE 10425 SW 112th AVE # 116 MIAMI FL. 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAEZ, HILDA 10425 SW 112 AVE MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECTY ALEJANDRA XEON 10425 SW 112th AVE # 314 MIAMI FL. 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUEUZOSVILA, CELSA 1042 SW 112 AVE MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR EVA HALLGREN 10425 SW 112th AVE # 323 MIAMI FL. 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER JAIME BEHAR 10425 SW 112th AVE # 301 MIAMI FL. 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 109137085971 10/20/08--01057--004 **\$61.25

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: 9/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #