

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

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01-31-2003 90108 039 ****61.25

DOCUMENT # 743949



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

55013244

Principal Place of Business
**10425 SW 112 AVENUE
12079 S.W. 131ST AVENUE
MIAMI FL 33178
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

4. FEI Number **59-1843562**
Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

FILE NOW: FEE 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	Change	Addition
PD	EHASSANE, AFIF	10425 SW 112 AVE #328	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	ORTEGA, LUISA	10425 SW 112 AVE #228	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CALLETE, BAKER	10425 SW 112 AVE #117	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	GEORGE, TULIN C	10425 SW 112 AVE #116	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
ST	JEFF, CAUANAUGH	10425 SW 112 AVE #125	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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