

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90080 029 ****61.25

DOCUMENT # 745930

1. Entity Name
**CENTRE COURT AT KENDALL CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 960606
MIAMI, FL 33296**

Mailing Address
**PO BOX 960606
MIAMI, FL 33296**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1916044

Applied For
Not Applicable

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

**BECKER & POLIAKOFF, PA
5201 BLUE LAGOON DR. #100
ROSA DELA CAMARA
MIAMI, FL 33126**

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 reconstituting)

DATE

**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
NAME **TD SCHNEIDER, MEL** ☒ Delete
STREET ADDRESS **8380 SW 154 AVE #58**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME **PD Bob Talbot** ☒ Change ☐ Addition
STREET ADDRESS **8320 SW 154 AVE #33**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME **VD TONKS, MILDRED** ☐ Delete
STREET ADDRESS **8340 SW 154TH AVE, #65**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME **TD Luz Gutierrez** ☐ Change ☒ Addition
STREET ADDRESS **8394 SW 154 AVE. #43**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME **D TALBOT, BOB** ☒ Delete
STREET ADDRESS **8320 SW 154 AVE STE 33**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME **D DAVID FRAZIER** ☐ Change ☒ Addition
STREET ADDRESS **10164 SW 141 CT.**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME **SD MATZ, SAM** ☐ Delete
STREET ADDRESS **8380 SW 154 AVE #59**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 #

2-23-04

**954-680-6214
305-282-1415**