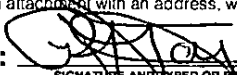


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

03-10-2005 90140 040 ****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		4. FEI Number 59-1916044
				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 reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD TALBOT, BOB 8320 SW 154 AVE #33 MIAMI, FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marie Ramos 8390 SW 154 AVE. #52 Miami FL 33193 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTIERREZ, LUZ 8394 SW 154 AVE., #43 MIAMI, FL 33193 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. D. Mildred T. Tonks 8340 SW 154 AVE. #65 Miami, FL 33193 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, DAVID 10164 SW 141 CT. MIAMI, FL 33193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATZ, SAM 8380 SW 154 AVE #59 MIAMI, FL 33193 ☐ 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		
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: 		1-9-05 954 680 6214 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					