

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90006 013 ****61.25

DOCUMENT # 747387

1. Entity Name

THE GARDENS OF KENDALL CONDOMINIUM NO. 5 ASSOCIA

Principal Place of Business

Mailing Address

10975 S.W. 107 ST
 MIAMI FL 33176
 US

THE CONTINENTAL GROUP. LTD.
 12079 SW 131 AVENUE
 MIAMI FL 33186-6475
 US

121000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1908957

Applied For

Not Applicable

Zip

Country

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: MIRSKY, EDWARD Delete
 STREET ADDRESS: 10975 SW 107 ST, #216
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: VPD Change Addition
 NAME: CHRISTINE LOPER
 STREET ADDRESS: 10975 SW 107 ST. # 311
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: VPD Delete
 NAME: CAMPISA, MIKE
 STREET ADDRESS: 10975 SW 107 ST, #118
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: SD Change Addition
 NAME: LWE
 STREET ADDRESS: 10975 SW 107 ST. # 314
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: SD Delete
 NAME: MYSKIW, LINDA
 STREET ADDRESS: 10975 SW 107 ST., #303
 CITY-ST-ZIP: MIAMI FL

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

TITLE: TD Delete
 NAME: DE LOS REYES, AURORA
 STREET ADDRESS: 10975 SW 107 ST #113
 CITY-ST-ZIP: MIAMI FL 33176

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

TITLE: D Delete
 NAME: VULCAIN, ODETTE
 STREET ADDRESS: 10975 SW 107 ST #307
 CITY-ST-ZIP: MIAMI FL 33176

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRPF-037 (9/99)