


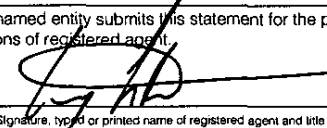
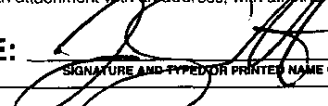
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90023 032 ****61.25

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DOCUMENT # 747387			
1. Entity Name THE GARDENS OF KENDALL CONDOMINIUM NO. 5 ASSOCIATION, INC.			
Principal Place of Business 10975 S.W. 107 ST MIAMI, FL 33176 US		Mailing Address 306 ALCAZAR AVE SUITE 303 CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 160147	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33176	US	33116	DADE
4. FEI Number 59-1908957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESCHHORN, HILDEGARDE C/O GLOBAL INVESTMENT PROPERTIES 306 ALCAZAR AVE., #303 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name T & G Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 14721 SW 110 Terrace Miami City FL Zip Code 33196	
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 		Anthony Lester 01-04-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CAMPISI, MIKE 10975 SW 107 ST #118 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JASON ANGELOTTI 10975 SW 107 street MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TORRES, ANETTE 10975 SW 107 ST. #217 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAITH MARTINEZ 10975 SW 107 St. MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAY VALERA, VICKY 10975 SW 107 ST. #217 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANNETTE TORRES 10975 SW 107 St. MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGGIANO, PEGGY 10975 SW 107 ST MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OPELIA NAVEIRA 10975 SW 107 St. 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	D NORMA GUANCHE 10975 SW 107 St. 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 type="checkbox"/> 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: 		JASON ANGELOTTI 1-5-04 305-387-6221	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	