

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

DOCUMENT # 747387
1. Entity Name
 The Gardens of Kendall Condominium
 No. 5 Association, Inc.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JAN 17 PM 3:58

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2. Principal Place of Business 10975 S.W. 107th		3. Mailing Address 306 Alcazar Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 303	
City & State Miami FL		City & State Coral Gables, FL	
Zip 33176	Country USA	Zip 33134	Country USA

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4. FEI Number 591908957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name C/o Hildegard Leschhorn Global Investment Properties, Inc.	
		Street Address (P.O. Box Number is Not Acceptable) 306 Alcazar Ave #303	
		City Coral Gables FL Zip Code 33134	

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] **DATE** _____

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE me PD	Michael Campisi President 10975 S.W. 107th Bldg 5 Apt 118 Miami FL 33176	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	400010198074
CITY-ST-ZIP		CITY-ST-ZIP	01/17/03--01083--001 **\$1.25
TITLE me SA	Vicky Blay Valera Secretary 10975 S.W. 107th #217 Miami FL 33176	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ow VPD	Anette Torres Vice President 10975 S.W. 107th Miami 33176	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE mp D	Peggy Scagnano Director 10975 S.W. 107th # 118 Miami FL 33176	TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **President** **12/31/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/21/03