

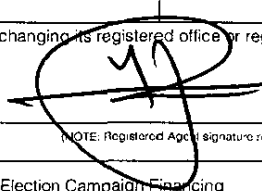
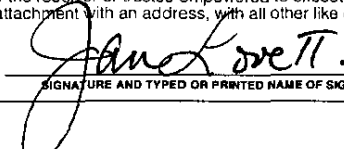


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90044 035 ****61.25

DOCUMENT # 753586 1. Entity Name KENDALL GLENN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 306 ALCAZAR AVE #303 CORAL GABLES, FL 33134 US			Mailing Address 306 ALCAZAR AVE #303 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 7880 S.W. 86 ST # 3 Suite, Apt. #, etc.		3. Mailing Address 12396 S.W. 82 Ave Suite, Apt. #, etc. Miami FL			
City & State Miami FL		City & State Miami FL		4. FEI Number 59-2168691	
Zip 33143		Zip 33156		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESCHHORN, HILDEGARDE 306 ALCAZAR AVE #303 MIAMI, FL 33134-4318				7. Name and Address of New Registered Agent Name Foster J Scott Street Address (P.O. Box Number is Not Acceptable) 12396 SW 82 Ave MIAMI City FL Zip Code 33156	
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  DATE 2/18/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DP LOVETT, JANET JAN 7880 SW 86TH ST #03 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lovett, Jan 7880 SW 86TH ST #03 MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, ELIZABETH 7890 SW 86TH ST #09 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, ELIZABETH 7890 SW 86TH ST #09 MIAMI, FL 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, HENRY 7880 SW 86TH ST #25 MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Margarita Emiliani 7880 S.W. 86 ST # 2 Miami-FL-33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE WELCH 7860 SW 86 ST #26 Miami FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRUCE WELCH 7860 SW 86 ST #26 Miami FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY SHAPIRO 7860 SW 86 ST #29 Miami FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRACY SHAPIRO 7860 SW 86 ST #29 Miami FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY SHAPIRO 7860 SW 86 ST #29 Miami FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY SHAPIRO 7860 SW 86 ST #29 Miami FL 33143	<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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #753586 1. Entity Name KENDALL GLENN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 306 ALCAZAR AVE #303 CORAL GABLES, FL 33134 US				Mailing Address 306 ALCAZAR AVE #303 CORAL GABLES, FL 33134 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2168691	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DESCHORN, HILDEGARDE 306 ALCAZAR AVE #303 MIAMI, FL 33134-4318				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: <u>Jan Lovett, Pres</u> DATE: <u>2/4/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVETT, JAN <u>JAN</u>		NAME		
STREET ADDRESS	7880 SW 86TH ST #03		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, ELIZABETH		NAME		
STREET ADDRESS	7890 SW 86TH ST #09		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, HENRY		NAME		
STREET ADDRESS	7880 SW 86TH ST #25		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	<u>BRUCE WELCH</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<u>7860 SW 86 ST #26</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI FL 33143</u>		CITY-ST-ZIP		
TITLE	<u>TRACY SHAPIRO</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<u>7860 SW 86 ST #29</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI FL 33143</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Jan Lovett, Pres</u> <u>JAN LOVETT, PRES</u> DATE: <u>2/4/04</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					