


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90027 050 ****61.25

DOCUMENT # 754871 1. Entity Name KENDALL TRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12301 SW 132 CT. MIAMI, FL 33186 US			Mailing Address 12301 SW 132 CT. MIAMI, FL 33186 US		
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 59-2168688	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BLAXBERG, BARRY ESQ 20 SE 2ND AVE., STE 730 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENBERG, RANDY		NAME	June HARBETT	
STREET ADDRESS	7742 SW 99 ST.		STREET ADDRESS	7762 SW 99 ST	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAD, JAN		NAME	SHAD, JAN	
STREET ADDRESS	7742 SW 99 ST.		STREET ADDRESS	7700 SW 99 ST.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, RANDY		NAME	EISENBERG, RANDY	
STREET ADDRESS	7742 SW 99 STREET		STREET ADDRESS	7742 SW 99 STREET	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAD, JAN		NAME	SHAD, JAN	
STREET ADDRESS	7700 SW 99 ST.		STREET ADDRESS	7700 SW 99 ST.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL	
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: R.H. Eisenberg, Pres. R.H. Eisenberg 3/29/05 305 625-9600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					