## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 07, 2004 8:00 am Secretary of State **DOCUMENT # 755713** 05-07-2004 90137 017 \*\*\*\*61.25 1. Entity Name KENLAND BEND SOUTH CONDOMINIUM, INC. Principal Place of Business Mailing Address 8357 WEST FLAGLER-BOX #353 MIAMI FL 33144-2029 8357 WEST FLAGLER-BOX #353 54053623 MIAMI FL 33144-2029 2. Principal Place of Business O MAR HAWAGE HENT 3. Mailing Address SANE AS Suite, Apt. #, etc. 1200 NW 78 Ave. #215 Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2159371 MIANI Not Applicable Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired 33126 DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARIA A. CAMEJO MAC MANAGEMENT INC Street Address (P.O. Box Normber is Not Acceptable) INC 8357 WEST FLAGLER STREET **BOX #353** 1200 NW 78 Ave. # 215 MIAMI FL-33144-2029 Zio Code 33/26 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition FERREIRA, FRANCISCO NAME NAME 8357 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33144-2029 CITY-ST-7IP CITY-ST-ZIP TD Delete TITLE TITLE ☐ Change ☐ Addition AUSTRICH, GUILLERMO NAME NAME 8357 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33144-2029 CITY-ST-ZIP CITY-ST-ZIP TITLE\_\_\_ ☐ Delete TITLE Change ☐ Addition BARRERA, RODOLFO NAME NAME 8357 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33144-2029 CITY-ST-ZIP CITY-ST-ZIP SD-D DILE Delete TITI F Change ☐ Addition GARCIA, ARMANDO NAME NAME 8357 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33144-2029 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition GIRAUD, JAVIER NAME NAME 8357 WEST FLAGLER ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33144-2029 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied ental 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 of 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:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED