

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90040 004 \*\*\*\*61.25

**DOCUMENT # 756275**

1. Entity Name  
**KENLAND BEND NORTH CONDOMINIUM, INC.**



Principal Place of Business  
**PROPERTY MANAGEMENT SERV  
8299 CORAL WAY  
MIAMI, FL 33155 US**

Mailing Address  
**PROPERTY MANAGEMENT SERV  
8299 CORAL WAY  
MIAMI, FL 33155 US**

**54015747**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2192415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155**

Name **CARIBBEAN PROPERTY MANAGEMENT, INC.**  
Street Address (P.O. Box Number is Not Acceptable)

**17301 SW 132 CT**

City **MIAMI FL** Zip Code **33186**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**EMILY GARCIA**

**Pres.**

**2/27/04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **ASON, MARINA**  
STREET ADDRESS **8850 SW 123 CT H308**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **MAURICIO, RIVAS**  
STREET ADDRESS **8810 SW 123CT #M-204**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PEREDES, BENITO**  
STREET ADDRESS **8810 SW 123 CT #M-406**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **JACK O'REILLY**  
STREET ADDRESS **8850 SW 123 CT #H-13**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SEC.** ☐ Change ☒ Addition  
NAME **CARMITA MOLA**  
STREET ADDRESS **9850 SW 123 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EMILY GARCIA** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **8850 SW 123 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 251-3848**