## 2004 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT #756297**



Mar 17, 2004 8:00 am **Secretary of State** 03-17-2004 90031 002 \*\*\*\*61.25

FILED

1. Entity Name THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 2 AASSOCIATION, INC. Principal Place of Business Mailing Address C/O ZIMMERMAN & ALZATE C/O ZIMMERMAN & ALZATE 13320 SW 128TH ST. 13320 SW 128TH ST. MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2066725 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, MICHAEL 13320 SW 128TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33186 Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DIRECTOR PD TITLE Delete TITLE Change ☐ Addition ARAQUE, HUGO ARAQUE, AUGO NAME NAME 10865 SW 112TH AVE #204 STREET ADDRESS STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RICHARDS, IAN NAME NAME STREET ADDRESS 10865 SW 112TH AVE #305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP PRESIDENT, DIR TITLE ☐ Delete Change ☐ Addition CHURCHILL, GAIL NAME NAME STREET ADDRESS 10865 SW 112TH AVE #112 STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE **▼** Delete TITLE Change Addition JOLLY LEO NAME 10865 SW 112TH AVE #210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NYIKA PLOWDEN 108655.W.112A00 #218 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:	Sal	m	Chu	rehell
	SIGNATURE AND TYP	PED OR PRIN	TED NAME OF SIG	SNING OFFICER OF DE