2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT #756297** 1. Entity Name 04 OCT 15 AM 11: 24 THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 2 AASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA 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. 10012004 Chg-NP · CR2E037 (10/03) Applied For City & State City & State 4. FEI Numbe 59-2066725 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired ___ . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZIMMERMAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 13320 SW 128TH ST. MIAMI, FL 33186 City Zip Code FI 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 \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TITLE TITLE Delete ÞD Change Addition ARAQUE, HUGO NAME NAME Stefan Spieske STREET ADDRESS 10865 SW 112TH AVE #204 STREET ADDRESS 10865 SW 112 Av #109 Miami FL 33176 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP ☐ Change XXAddition DT Delete TITLE **VD** TITLE RICHARDS, IAN NAME NAME Jeffrey Cross 10865 SW 112TH AVE #305 STREET ADDRESS STREET ADDRESS 108:65 SW 112 Av #308 Miami FL 33176 CITY - ST-ZIP CITY-ST-ZIP MIAMI, FL 33176 Change Change PD > 3 4000 - -Delete TITLE . - - Addition TITLE NAME CHURCHILL, GAIL NAME Gail Churchill 10865 SW 112TH AVE #112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY - ST - ZIP DS TITLE Change Addition Delete PLOWDEN, NYIKA NAME NAME Diana Spieske STREET ADDRESS 10865 S.W. 112 AVE, #218 STREET ADDRESS 10865 SW 112 Av #109 Miami FL CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME 400041909444 STREET ADDRESS STREET ADORESS 10/15/04--01104--002 **61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 305

Gail Churchill/Secretary

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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