2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

THE GARDENS OF KENDALL SOUTH CONDOMINIUM

Principal Place of Business

1. Entity Name

DOCUMENT #756297

NO. 2 AASSOCIATION, INC.

Mailing Address

Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90071 011 ****61.25

C/O ZIMMERMAN & ALZATE C 13320 SW 128TH ST.		Mailing Address C/O ZIMMERMAN & ALZATE 13320 SW 128TH ST. MIAMI, FL 33186					1 114 11 114 11 11 1 11	
2. Principal Place of Business - No P.O. Box # 3. Ma		failing Address						
Suite, Apt. #. etc. S		Suite, Apt. #, etc.		03072007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State		4. FEI Numbe 59-206			<u> </u>	plied For Applicable
Zip Country		D Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Addre		7. Name and Address of New Registered Agent						
ZIMMERMAN, MICHAEL			Name					
13320 SW 128TH ST. MIAMI, FL 33186		Street Address		er is Not Acceptable	e) 			
	والمعتمر المستران							
*			City	<u>.</u>		FL	Zip Code)
	e of registered agent and title if app		Registered Agent signature rec	Jured when reinstaing)		OATE		
Filing Fee is \$61.25 Due by May 1, 2007		Trust Fund Contribution.		Added to Fees Florida Department of State				
10. OFF	ICERS AND DIRECTORS	·	11.	ADDITIONS/CH	ANGES TO OFFICE	ERS AND DIF	RECTORS IN	10
TITLE		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME RICHARDS, IAN STREET ADDRESS 10865 SW 112TH A CHY-ST-ZIP MIAMI, FL 33176	√E #305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME CHURCHILL, GAIL SIREET ADDRESS 10865 SW 112TH A CHY-ST-ZIP MIAM!, FL 33176	VE #112	☐ Dalete	MILE MAME STREET ADDRESS CHY-ST-ZIP				☐ Change	Addition
NAME CROSS, JEFFREY		☐ Delete	TITLE NAME				Change	Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

Delete

☐ Delete

E OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS | 10865 SW 112 AV #308

MIAMI, FL 33176

DARLOW, MYRIAM

10420 SW 77 AVE

MIAMI, FL 33156

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THILE NAME

TITLE

NAME STREET ABORESS

3052372598

☐ Change

☐ Change

Addition

Addition