

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 756297		
1. Entity Name THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 2 AASSOCIATION, INC.		

Principal Place of Business C/O ZIMMERMAN & ALZATE 13320 SW 128TH ST. MIAMI, FL 33186	Mailing Address C/O ZIMMERMAN & ALZATE 13320 SW 128TH ST. MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
ZIMMERMAN, MICHAEL 13320 SW 128TH ST. MIAMI, FL 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 _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHARDS, IAN 10865 SW 112TH AVE #305 MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Richards, Ian 10865 SW 112 Ave #305 Miami, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHURCHILL, GAIL 10865 SW 112TH AVE #112 MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Church, Gail 10865 SW 112 Ave #112 Miami, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROSS, JEFFREY 10865 SW 112 AV #308 MIAMI, FL 33176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Xiques, Suyen 14931 SW 104th St. #13 MIAMI, FL 33196 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800108388478 08/21/07--01056--017 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: <u>J. Richards</u>	7/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA



07122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2066725	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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