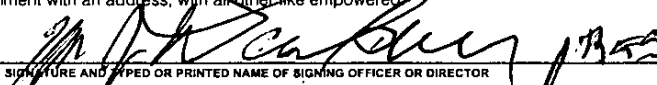


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 045 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2066725				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		
ZIMMERMAN, MICHAEL 13320 SW 128TH ST. MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	DS ☐ Delete		TITLE	TD ☒ Change ☐ Addition	
NAME	RICHARDS, IAN		NAME		
STREET ADDRESS	10865 SW 112TH AVE #305		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP		
TITLE	DPT ☒ Delete		TITLE	PD ☐ Change ☒ Addition	
NAME	CHURCHILL, GAIL		NAME	MARTIN J. DARLOW	
STREET ADDRESS	10865 SW 112TH AVE #112		STREET ADDRESS	10865 S.W. 112 AVE #207	
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D ☒ Delete		TITLE	SD ☐ Change ☒ Addition	
NAME	SUEYEN, XIQUES		NAME	ANA ROMAS	
STREET ADDRESS	14931 SW 104TH STREET #13		STREET ADDRESS	10865 S.W. 112 AVE #212	
CITY - ST - ZIP	MIAMI, FL 33196		CITY - ST - ZIP	MIAMI, FL 33176	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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		
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 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:  2/8/08 305-794-3590					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40025345

