


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757282**

1. Entity Name  
**THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 6 ASSOCIATION, INC.**



Principal Place of Business  
**10825 SW 112 AVENUE  
 MIAMI, FL 33176 US**

Mailing Address  
**C/O ZIMMERMAN & ALEATE  
 13320 SW 128 STREET  
 MIAMI, FL 32186 US**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2147874**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARCONI, ROBERT M  
 ZIMMERMAN & MARCONI  
 13320 S.W. 128 ST  
 MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, RUTH 10825 S.W. 112 AVE, #110 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GASTON, FERNANDEZ 10825 S.W. 112 AVE, #101 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERNANDEZ, DONNA 10825 SW 112 AVE #101 MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

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: Ruth E Hudson 2/3/06 305 279-1606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #