2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90060 016 ****61.25

DOCUMENT # 757282

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

Principal Place of Business	Mailing Address
10825 SW 112 AVENUE MIAMI, FL 33176 US	C\O ZIMMERMAN & ALEATE 13320 SW 128 STREET MIAMI, FL 32186 US

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04032007 No Chg-NP CR2E037 (4/06)

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~~ ALZATE
13320 S.W. 128 ST
MIAMI, FL 33186

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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 $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, RUTH
STREET ADDRESS	10825 S.W. 112 AVE, #110
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD
NAME	GASTON, FERNANDEZ
STREET ADDRESS	10825 S.W. 112 AVE, #101
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	FERNANDEZ, DONNA
STREET ADDRESS	10825 SW 112 AVE #101
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 P Hudson 4/9/07 305 279-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #