

DOCUMENT # 757286

1. Entity Name

THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 5 A

Principal Place of Business

Mailing Address

10835 S.W. 112TH AVE
MIAMI FL 33176
US13320 S.W. 128TH ST
MIAMI FL 33186-5899
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2147876

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

MARCONI, ROBERT M
13320 S.W. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANGANIELLO, LOUIS 10835 S.W. 112 AVE, #106 MIAMI FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PAPICK, RAYMOND 10835 S.W. 112 AVE, #205 MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANDACEK, JUDD 10835 SW 112 AVE #203 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLALBA, JUAN JR 10835 SW 112 AVE #201 MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCISCO DIAZ 10835 SW 112 AVE #204 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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:

JUDW JANDACEK
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90056 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)