

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-14-2008 90031 047 ****61.25

DOCUMENT # 757286

1. Entity Name
**THE GARDENS OF KENDALL SOUTH CONDOMINIUM
NO. 5 ASSOCIATION, INC.**



Principal Place of Business
**10835 S.W. 112TH AVE
MIAMI, FL 33176 US**

Mailing Address
**13320 S.W. 128TH ST
MIAMI, FL 33186 US**



02082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**ZIMMERMAN, MICHAEL J
13320 S.W. 128TH 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 _____

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

(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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ABUCHAIBE, GRACE
10835 SW 112 AVE # 308
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BORRO, JOSE
10835 S. W. 112 AVE., #310
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
VENTURA, ANGELA
10835 S.W. 112 AVE #104
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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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #