


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 757800
 1. Entity Name
KENDALL FEDERATION OF HOMEOWNER ASSOCIATIONS, INC.



Principal Place of Business C/O MILES MOSS 12900 SW 84 ST MIAMI, FL 33183	Mailing Address C/O MILES MOSS 12900 SW 84 ST MIAMI, FL 33183
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01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1982137	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MOSS, MILES
 12900 SW 84 ST
 MIAMI, FL 33183**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 MOSS, MILES 12900 SW 84 ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COWAN, DANIEL 13910 SW 109 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEEKS, RON 11840 SW 47 ST MIAMI, FL 33175
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 01/26/04-80071-023 61.25

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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: *Miles Moss* 1/22/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #