


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>C/O MILES MOSS          12900 SW 84 ST          MIAMI, FL 33183</b>	Mailing Address <b>C/O MILES MOSS          12900 SW 84 ST          MIAMI, FL 33183</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1982137</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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: \_\_\_\_\_ 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 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 33188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEEKS, RON 11840 SW 47 ST MIAMI, FL 33175
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U00000588576  
 01/17/07-80079-010 61.25

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:** *Miles E Moss* **MILES E MOSS** **1/18/2007** **305-386 1212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #