


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90157 011 \*\*\*\*61.25

**DOCUMENT # 760537**

1. Entity Name  
**KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business *14104* Mailing Address  
~~14074~~ SW 142 AVE P.O. BOX 77-1593  
 MIAMI, FL 33186 US *SW 142AV* MIAMI, FL 33177 US

24069090



04112004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2163390** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEEMS, ALAN** *14104 SW 142 AV*  
~~14074~~ ~~142 AVE~~  
 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 \_\_\_\_\_ (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	DP DEEMS, ALAN P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRASSBAUGH, CAROL P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HECKER, JAY P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, CONNIE P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, FRANK P.O. BOX 77-1593 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 life empowered.

SIGNATURE: *Jay M Hecker* *4-25-04* *305-251-1398*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #