


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

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000004408</b> 1. Entity Name <b>KARLAN HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3965 S.W. 6TH STREET MIAMI, FL 33134</b>	Mailing Address <b>3965 S.W. 6TH STREET MIAMI, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1035192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**MULLER, ARNOLDO A  
2520 S.W. 22ND STREET, #7  
MIAMI, FL 33145**

**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000858440 04/01/08-80047-008 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>MULLER, ARNOLDO A</b>
STREET ADDRESS <b>3965 S.W. 6TH STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33134</b>
TITLE <b>VPD</b>	NAME <b>ALONSO, AGNELIO</b>
STREET ADDRESS <b>3391 SW 129 AVENUE</b>	CITY-ST-ZIP <b>MIAMI, FL 33166</b>
TITLE <b>TD</b>	NAME <b>CAYADO, ISABEL</b>
STREET ADDRESS <b>11228 S.W. 33RD CIRCLE PLACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33165</b>
TITLE <b>D</b>	NAME <b>CAYADO, ISABEL</b>
STREET ADDRESS <b>11228 S.W. 33RD CIRCLE PLACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33165</b>
TITLE <b>D</b>	NAME <b>CARDOSO, GUDelia</b>
STREET ADDRESS <b>11257 S.W. 33RD CIRCLE PLACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33165</b>
TITLE <b>D</b>	NAME <b>AGNELIO, ALONSO</b>
STREET ADDRESS <b>3391 SW 129 AVENUE</b>	CITY-ST-ZIP <b>MIAMI, FL 33166</b>

**DO NOT WRITE  
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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:  **3/11/08** **3054447678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #