


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90015 021 \*\*\*\*70.00

DOCUMENT # N02268	
1. THE GARDENS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC	

13250 SW 135 AVE  
MIAMI, FL 33186

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MIAMI, FL 33186

54032630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2431258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE STE 1102  
CORAL GABLES, FL 33134

FL

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, 2004

9.



\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10.

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, PAMELA J.	
STREET ADDRESS	8050 SW 152 COURT #412	
CITY-ST-ZIP	MIAMI, FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PINEDA, GLORIA	
STREET ADDRESS	8050 SW 152 AV 407	
CITY-ST-ZIP	MIAMI, FL 33193	

TITLE	D	<input type="checkbox"/> Delete
NAME	CEPERO, JAQUELINE	
STREET ADDRESS	8050 SW 152 AVE 507	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAMELA J.	
STREET ADDRESS	8050 SW 152 AVE #412	
CITY-ST-ZIP	MIAMI, FL 33193	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEDA, GLORIA	
STREET ADDRESS	8050 SW 152 AVE #407	
CITY-ST-ZIP	MIAMI, FL 33193	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEPERO, JACKIE	
STREET ADDRESS	8060 SW 152 AVE #507	
CITY-ST-ZIP	MIAMI, FL 33193	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROSO, GISELA	
STREET ADDRESS	8050 SW 152 AVE #413	
CITY-ST-ZIP	MIAMI, FL 33193	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATIENZA, OLGA	
STREET ADDRESS	13301 SW 88th Terrace	
CITY-ST-ZIP	MIAMI, FL 33186	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, ANETT	
STREET ADDRESS	8020 SW 152 AVE #302	
CITY-ST-ZIP	MIAMI, FL 33193	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04