

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90060 035 ****70.00

DOCUMENT # N02268 1. Entity Name THE GARDENS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 13250 SW 135 AVE MIAMI, FL 33186			Mailing Address 13250 SW 135 AVE MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2431258	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, PAMELA J. <input checked="" type="checkbox"/> Delete 8050 SW 152 COURT #412 MIAMI, FL 33193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete PINEDA, GLORIA 8050 SW 152 AV 407 MIAMI, FL 33193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete CEPERO, JAQUELINE 8050 SW 152 AVE 507 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cepero, Jaqueline 8050 SW 152 Ave #507 Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARDOSO, GISELA 8050 SW 152 AVE., #413 MIAMI, FL 33193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cardosa Gisela 8050 SW 152 Ave #413 Miami, FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ATIENZA, OLGA 13301 SW 88TH TERR. MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hernandez Lisbeth 8050 SW 152 Ave. #505 Miami, FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ACOSTA, ANETT 8020 SW 152 AVE., #302 MIAMI, FL 33193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			 <small>Date</small> <small>Daytime Phone #</small>		