2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001515

FILED Feb 13, 2007 Secretary of State

Entity Name: KENDALL GREENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13388 SW 128 ST 13250 SW 135AVE MIAMI, FL 33186 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C/O LAKEVIEW MANAGEMENT, INC. C/O COURTESY PROPERTY MANAGEMENT 13250 SW 135 AVE 13388 SW 128 ST MIAMI, FL 33186 MIAMI, FL 33186

FEI Number: 20-2108016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

PATRICIA KIMBALL FLETCHER, P.A. GERARD M. KOURI 200 SOUTH BISCAYNE BLVD. 10021 PINES BOULEVARD SUITE 202 **SUITE 3400** MIAMI, FL 33131 US PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: GERARD M. KOURI 02/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CORDERO, HUGO BERRU, GIOVANNI Name: Name:

8470 SW 150 AVE 106 Address: 8470 SW 150 AVE 102 Address: City-St-Zip: MIAMI, FL 33016 City-St-Zip: MIAMI, FL 33193

Title: () Delete Title: (X) Change () Addition GIOVANNI, BERRU Name: Name: DARNOTT, LISETTE

Address: 8470 SW 150 AVE 102 Address: 8300 SW 150 AVE 103 City-St-Zip: MIAMI, FL 33016 City-St-Zip: MIAMI, FL 33193

Title: () Delete Title: (X) Change () Addition

CASTRO, OLMAN Name: RODRIGUEZ, MANDY Name: 8420 SW 150 AVE 107 8510 SW 150 AVE 102 Address: Address: City-St-Zip: MIAMI, FL 33016 City-St-Zip: MIAMI, FL 33193

Title: () Delete Title: () Change (X) Addition

RODRIGUEZ, MANDY Name: Name: 8510 SW 150 AVE 102 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI BERRU Ρ 02/13/2007