2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001515

FILED Mar 18, 2009 Secretary of State

Entity Name: KENDALL GREENS CONDOMINIUM ASSOCIATION, INC.

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

13250 SW 135AVE CIO COURTESY PROPERTY MANAGEMENT MIAMI, FL 33186

13250 SW 135 AVENUE MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C/O COURTESY PROPERTY MANAGEMENT CIO COURTESY PROPERTY MANAGEMENT

13250 SW 135 AVE 13250 SW 135 AVENUE 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:

SKRLD, INC SRLD, INC 201 ALHAMBRA CIR STE 1102 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

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: LISA LERNER 03/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BERRU, GIOVANNI BERRU, GIOVANNI Name: Name: 8470 SW 150 AVE 102 Address: 8470 SW 150 AVE 102 Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33193

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

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

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

MACEDO, JOSE Name: Name: 8430 SW 150 AVE. 103 Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GIOVANI BERRU PD 03/18/2009