## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N0400005311  1. Entity Name PUERTA DEL SOL OF KENDALL CONDOMINIUM ASSOCIATION, INC.							06 AUG -3 AM 8: 22  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 9415 SUNSET DRIVE 149			Mailing Address 9415 SUNSET DRIVE 149			TA	LLAHASSEE	FLORIDA			
MIAMI, FL 33173			MIAMI, FL 33173								
2. Principal Place of Business			3. Mailing Address					<b>idii 68</b> 88 <b>68</b> 89 <b>48</b> 18 <b>68</b> 99			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07262006 Ch	g-NP C	R2E037 (4/06)		
City & State			City & State				4. FEI Number 33-109714	8	<del>} - +</del>	plied For Applicable	
Zip		Country	Zij	0	Country		5. Certificate of Sta	atus Desired.	\$8.75 Add Fee Required		
	6. Name	and Address of Current	Register	ed Agent	1		7. Name and Add	ess of New Regist	ered Agent		
GREG WARD, PA.  1111 BRICKELL AVE SUITE 1100							(P.O. Box Number is Not Acceptable)				
MIAMI, FL 33131							SW 40 AVENUE				
8. The above named entity subphits 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 printeghame of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)  DATE											
Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Make check payable to Florida Department of State				
10.		OFFICERS AND D	IRECTORS		11.	/	ADDITIONS/CHANGI	S TO OFFICERS A	ND DIRECTORS IN	10	
TITLE	DP			☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	· · · · · ·			NAME STREET ADDRESS			- <b>300078524183</b> 08/09/0601034013 **61.25				
CITY-ST-ZIP		L 33173		/	CITY-ST-ZIP	K . 7 F					
TITLE DVP NAME RAMIREZ, FREDSVINDO STREET ADDRESS 9415 SUNSET DR #149				Delete	name Street address	Que	P Change Paddition  LRVO, AliNA Dr #149  15 SUNSET Dr #149				
STREET ADDRESS CITY-ST-ZIP	9415 SUI MIAMI, F					mi	14/n/ FL 33/19				
TITLE NAME	DT ALTUZAF	RRA, ENRIQUE		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP ~	9415 SUI MIAMI, F	NSET DRIVE #149 L 33173			STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME	DS ERANCIS	S, FRANCENE		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		NSET DRIVE #149		ŧ	STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	DVP LINES, M	IATHEW		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP		NSET DR #149			STREET ADDRESS CITY-ST-ZIP						
TITLE		-		☐ Delete	TITLE NAME				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP				<u> </u>		
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 attaphment with an address, with all other like empowered.											
SIGNATURE ONLIGH CHARACTER ENRIQUE ALTUZARRA 7-28-06 305-630-3660											
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