


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-06-2008 90032 035 ****70.00

DOCUMENT # N07000000105

1. Entity Name
THE PROFESSIONAL ARTS CENTER AT KENDALL VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 1200 MIAMI FL 33133 **2665 SOUTH BAYSHORE DRIVE, SUITE 1200 MIAMI FL 33133**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-8175499** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERKOWITZ, JEFFREY
2665 SOUTH BAYSHORE DRIVE, SUITE 1200
MIAMI FL 33133

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typewritten or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signs after first printing name) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERKOWITZ, JEFFREY	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1200	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	SINGER, DAVID	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1200	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLEY, YASMINE	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1200	
CITY- ST- ZIP	MIAMI FL 33133	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/17/2008 (305)854-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certified Phone #

66013133



1st MOORE CR2E037 (10/07)