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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07432

1. Corporation Name

KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90009 048 ****61.25

Principal Plac	e of Business	Mailing Address						
% MIAMI MANAGEMENT. INC. 14275 SW 142 AVE MIAMI FL 33186 US		% MIAMI MANAGEMENT. INC. 14275 SW 142 AVE MIAMI FL 33186 US						
<u> </u>	lace of Business	2a. Mailing Address			3. Date Incorporated of 02/04/1985	r Qualifed		
Suite, Apt.	# atc	Suite, Apt. #, etc.			4. FEI Number		Apr	olied For
─ ' '	#, etc.	27			59-2553441		- + · · ·	Applicable
City & Stat	'A	City & State					\$8.75 A	
23		28			5. Certifcate of Status	Desired	Fee Rec	quired
Zip	Country	Zip	Counti	гу	6. Election Campaign F	Financing	\$5.00	Mav Be
24	25		30		Trust Fund Contribu	- 11	Added to	
14	9. Name and Address of Curren				10. Name and Address	of New Registered	Agent	
			8	1 Name				
MORDIN DAVID A			8	2 54	Address (P.O. Box Number is N	ot Acceptable)		
KOBRIN, DAVID A.			, 0.	Z Street /	Address (P.O. Dox Number is N	ot Acceptable)		
CAPITAL PLAZA II, SUITE 206			8	3				
	. 107TH AVE.							
MIAMI FL	33176-1490		8	4 City		FL	85 Zip C	ode
44 0	to the provisions of Sections 617.050	2 and 617 1508 Florida Statute	es the abo	ve-named	compration submits this stateme	ent for the number of	f changing its r	egistered
office or a	edistered agent of both in the State i	of Fiorida. Such change was al	Jinorizea d	iv the corbo	oration's board of directors. I her	reby accept the appo	intment as reg	istered
agent. I a	im familiar with, and accept the obligation	tions of, Section 617.0503, Fiol	nda Statute	35.			•	
SIGNATURE	Stgnature, typed or printed name of registered agen	A della Manallachia (NOTE:	Penietered &n	ent eignature n	equired when reinstating)	DATE		
12.		D DIRECTORS	13.	join signature it	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	DELETE	1,1 TITLE	. 1	T D		Change	Addition
NAME	Freund, Irwin B.		1.2 NAME	-	Freund Truin B).	7.	
	10729 S.W. 104TH ST.			ET ADDRESS	10729 500, 1045 St.			
STREET ADDRESS				CT 71D	Miami, Florida	33176		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CiTY- 2.1 TITLE		Miami, Flance	22(16		☐ Addition
TITLE	PD PON		2.2 NAME				Change	
NAME	VAYO, RON			-			Change	
STREET ADDRESS	10709 SW 104 ST		i i				∐i Change	. Addition
CITY-ST-ZIP			2.3 STRE	ET ADDRESS			Change .	
	MIAMI FL	M DELETE	2.3 STRE 2. 4 CITY	ET ADDRESS -ST-ZIP				
TITLE	MIAMI FL SD	⊠ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE	ET ADDRESS -ST-ZIP			☐ Change	Addition
	MIAMI FL SD SANTOS, RAY	⊠ DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP				
TITLE	MIAMI FL SD SANTOS, RAY 10753 SW 104TH ST	X DELETE	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL SD SANTOS, RAY 10753 SW 104TH ST MIAMI FL	•	2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL SD SANTOS, RAY 10753 SW 104TH ST MIAMI FL TB GREGG, BRADLEY	•	2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY	ET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP	D Gregg, Gradley		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL SD SANTOS, RAY 10753 SW 104TH ST MIAMI FL JB	•	2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP	Gregg, Gradey 10713 SM 10451		☐ Change	Addition
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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 annual repert or supplemental appual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/49 (3.5) 275-14

Daytime Phone #

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