
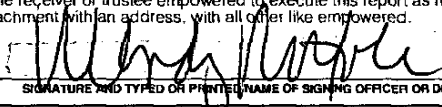


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90041 029 ****61.25

DOCUMENT # N07432					
1. Entity Name KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI, FL 33186 US			Mailing Address % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2553441	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOBIRIN, DAVID A. CAPITAL PLAZA II, SUITE 206 8900 S.W. 107TH AVE. MIAMI, FL 33176-1490			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, IRWIN B			NAME	
STREET ADDRESS	10729 S.W. 104TH ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	Nick DeBenedetto Sec. / Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAYO, RON			NAME	
STREET ADDRESS	10709 SW 104 ST			STREET ADDRESS	10751 SW 104 Street
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	Miami, FL 33176
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	TENZAR, MARK			NAME	
STREET ADDRESS	10745 SW 104TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	MORRISON, ROBERTA			NAME	
STREET ADDRESS	10705 SW 104TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATTOLI, WENDY			NAME	
STREET ADDRESS	10749 S.W. 104TH ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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: 				Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					