
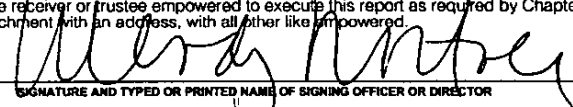


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90041 046 ****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		
Zip		Country	Zip		Country
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	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	T	<input type="checkbox"/> Delete		TITLE	<input 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	SD	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BEREDETTO, NICK			NAME	De Benedetto, Nick
STREET ADDRESS	10751 SW 104 STREET			STREET ADDRESS	10751 Sw. 104 Street
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	Miami, Fl. 33176
TITLE	P	<input type="checkbox"/> Delete		TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATTOLI, WENDY			NAME	Nattoli, Wendy
STREET ADDRESS	10749 S.W. 104TH ST.			STREET ADDRESS	10725 Sw. 104 Street
CITY-ST-ZIP	MIAMI, FL, 33176			CITY-ST-ZIP	Miami, Fl. 33176
TITLE		<input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Joyce Gueather
STREET ADDRESS				STREET ADDRESS	10723 S.W. 104 Street
CITY-ST-ZIP				CITY-ST-ZIP	Miami, Fl 33176
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: <u>January 30, 2006</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	