

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90037 014 \*\*\*\*61.25



<b>DOCUMENT # N07432</b>							
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 - No P.O. Box #		3. Mailing Address					
Suite, Apt., #, etc.		Suite, Apt., #, etc.					
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-2553441			
				Applied For Not Applicable			
				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				
KOBRI, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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	Director Treas.	<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	SD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE BENEDETTO, NICK		NAME				
STREET ADDRESS	10751 SW 104 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NOTTOLI, WENDY		NAME	Eber, Bob			
STREET ADDRESS	10749 S.W. 104TH ST.		STREET ADDRESS	10763 SW 104 Street			
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Miami, FL 33176			
TITLE	D Good	<input type="checkbox"/> Delete	TITLE	D/SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEATHER, JOYCE		NAME	Goodman - Guenther, Joyce			
STREET ADDRESS	10749 S.W. 104TH ST.		STREET ADDRESS	10749 SW 104 St.			
CITY-ST-ZIP	MIAMI, FL 33176		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
				Date _____			
				Daytime Phone # _____			