

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07432

FILED
Apr 06, 2009
Secretary of State

Entity Name: KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% MIAMI MANAGEMENT, INC.
14275 SW 142 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

% MIAMI MANAGEMENT, INC.
14275 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2553441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOBRIN, DAVID A.
CAPITAL PLAZA II, SUITE 206
8900 S.W. 107TH AVE.
MIAMI, FL 331761490 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: FREUND, IRWIN B
Address: 10729 S.W. 104TH ST.
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: DE BENEDETTO, NICK
Address: 10751 SW 104 STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: EBER, BOB
Address: 10763 SW 104TH STREET
City-St-Zip: MIAMI, FL 33176

Title: DS () Delete
Name: GOODMAN-GUENTHER, JOYCE
Address: 10749 S.W. 104TH ST.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK DE BENEDETTO

P

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date