

DOCUMENT # N12681

1. Entity Name

KENDALL FORESTS OWNERS' ASSOCIATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90144 001 \*\*\*\*61.25
02-14-2000 90144 002 \*\*\*\*8.75

Principal Place of Business

Mailing Address

6850 CORAL WAY
STE 308
MIAMI FL 33155
US

6850 CORAL WAY
STE 308
MIAMI FL 33155-1758
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2693032

Applied For
Not Applicable

5. Certificate of Status Desired

Checked box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANICIA MORALES-AMA MANAGEMENT CO
6850 CORAL WAY
#308
MIAMI FL 33155

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CALGUERA, JESUS
STREET ADDRESS 11810 SW 80TH ST #214
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME LOPEZ, EDMUNDO
STREET ADDRESS 11820 SW 80TH ST #315
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME VIGILIO, CENTRA
STREET ADDRESS 11830 SW 80TH ST #215
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GRAHAM, JOYCE
STREET ADDRESS 11830 SW 80TH STREET #414
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GRAZIANI, ENRICO
STREET ADDRESS 11820 SW 80TH ST #320
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

1/26/00 305 669 9850
Date Daytime Phone #