

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90045 035 ****70.00

DOCUMENT # N12681

1. Entity Name

KENDALL FORESTS OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

COURTESY PROPERTY MANAGEMENT
13250 SOUTHWEST 135TH AVENUE
MIAMI FL 33186
US

COURTESY PROPERTY MANAGEMENT
13250 SOUTHWEST 135TH AVENUE
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

59-2693032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYMAN & KAPLAN
150 WEST FLAGLER STREET 27TH FLOOR
MIAMI FL 33130

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** ☐ Delete
 NAME **RIO, RALPH**
 STREET ADDRESS **11830 SOUTHWEST 80TH STREET, UNIT #415**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **RODRIGUEZ, ALEX**
 STREET ADDRESS **11830 SOUTHWEST 80TH STREET, UNIT #417**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **ACUNA, MARINA**
 STREET ADDRESS **11830 SOUTHWEST 80TH STREET, UNIT #311**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ALBERNI, CHRISTINA**
 STREET ADDRESS **11830 SOUTHWEST 80TH STREET, UNIT #113**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☒ Change ☐ Addition
 NAME **ALBERNI, CHRISTINA**
 STREET ADDRESS **11830 SW 80 STREET UNIT #113**
 CITY-ST-ZIP **MIAMI, FL. 33183**

TITLE **D** ☒ Delete
 NAME **GUERRERO, DIANA**
 STREET ADDRESS **11830 SOUTHWEST 80TH STREET, UNIT #512**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☒ Addition
 NAME **LLERA, EDUARDO**
 STREET ADDRESS **11810 SW 80 ST. UNIT #215**
 CITY-ST-ZIP **MIAMI, FL. 33183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **CORTES, SOCORRO**
 CITY-ST-ZIP **11830 SW 80 ST. UNIT #114**
MIAMI, FL. 33183

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 **(305) 595-9906**
 Date Daytime Phone #

CR2E037 (9/01)