

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90115 022 \*\*\*\*70.00

|  |                            |  |  |  |  |
|--|----------------------------|--|--|--|--|
| <b>DOCUMENT # N12681</b><br>1. Entity Name<br><b>KENDALL FORESTS OWNERS' ASSOCIATION, INC.</b>   |                            |  |  |                           |  |
| Principal Place of Business<br><b>COURTESY PROPERTY MANAGEMENT</b><br><b>13250 SOUTHWEST 135TH AVENUE</b><br><b>MIAMI, FL 33186 US</b>   |                            |  | Mailing Address<br><b>COURTESY PROPERTY MANAGEMENT</b><br><b>13250 SOUTHWEST 135TH AVENUE</b><br><b>MIAMI, FL 33186 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                            | City & State   |  |  |  |
| Zip  | Country                    | Zip  | Country  | 4. FEI Number<br><b>59-2693032</b>   |  |
|  |                            |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                            |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>SKRLD, INC.</b><br><b>201 ALHAMBRA CIRCLE, STE. 1102</b><br><b>MIAMI, FL 33134</b>  |                            |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____  |                            |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |                            |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE  | PD                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  | PD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | RAMIREZ, CATALINO          |  | NAME   | KNISLEY, ARNOLD  |  |
| STREET ADDRESS   | 11840 SW 80 ST., #516      |  | STREET ADDRESS   | 11840 SW 80 ST., # 526   |  |
| CITY-ST-ZIP  | MIAMI, FL 33183            |  | CITY-ST-ZIP  | MIAMI, FL 33183  |  |
| TITLE  | TD                         | <input type="checkbox"/> Delete  | TITLE  | VPD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | ACUNA, MARINA              |  | NAME   | PEREZ, LEISLA  |  |
| STREET ADDRESS   | 11820 SW 80 ST., #311      |  | STREET ADDRESS   | 11840 SW 80 ST. # 513  |  |
| CITY-ST-ZIP  | MIAMI, FL 33183            |  | CITY-ST-ZIP  | MIAMI FL 33183   |  |
| TITLE  | SD                         | <input checked="" type="checkbox"/> Delete                                       | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | CASTELLANOS, ANA           |  | NAME   |  |  |
| STREET ADDRESS   | 11840 SW 80 ST. UNIT 511   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33183            |  | CITY-ST-ZIP  |  |  |
| TITLE  | VPD                        | <input checked="" type="checkbox"/> Delete                                       | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | STICCO, ALAN               |  | NAME   |  |  |
| STREET ADDRESS   | 11820 SW 80TH ST SUITE 318 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33183            |  | CITY-ST-ZIP  |  |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> Delete                                       | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | PALAIS, DAVID              |  | NAME   |  |  |
| STREET ADDRESS   | 11800 SW 80TH ST SUITE 112 |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33183            |  | 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. |                            |  |  |  |  |
| <b>SIGNATURE:</b> <i>Marina Acuna</i> <b>MARINA ACUNA</b>  |                            |  | <b>04-01-08 305-279-6238</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |  | Date Daytime Phone #   |  |  |