

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/7/2


FILED
Apr 08, 2005 8:00 am
Secretary of State

03-07-2005 90256 047 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N19673 1. Entity Name KENDALL PINES COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12236 SW 132ND COURT MIAMI FL 33186		Mailing Address 12236 SW 132ND COURT MIAMI FL 33186	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 831741	
City & State MIAMI FL.		4. FEI Number 59-2685546	
Zip 33283		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 OCEAN MANAGEMENT INVESTMENTS CORP. 12350 SW 132 COURT #209 MIAMI FL 33186		7. Name and Address of New Registered Agent Name: EDGARD FONSECA Street Address (P.O. Box Number is Not Acceptable) 12350 SW 132 CT #209 City: MIAMI FL Zip Code: 33186	
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: EDGARD FONSECA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 3/30/05			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOINS, BARBARA 12226 SW 132ND CL MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERLEW, DONALD 12236 SW 132 CT MIAMI FL 33186	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, RAY 13000 SW 120 ST MIAMI FL 33186	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Barbara Goins Signature and typed or printed name of signing officer or director Date: 4/5/05 Daytime Phone #			