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

DOCUMENT # N19673

FILED Apr 08, 2005 8:00 am Secretary of State 03-07-2005 90256 047 ****61.25

3/7/2

1	Entity Name	•				
	KENDALL PINES COMMERCE CENTE ASSOCIATION, INC.	R CONDOMINIUM				
Р	incipal Place of Business	Mailing Address		66008374		
1	2236 SW 132ND COURT	12236 SW / 32ND COUR	т			
٨	MIAMI FL 33186 -	MIAMI FI /33186				
		/		וויה וונול חוו מלונו ובאול ליונו או או או מווער באול וויה או האונו וויה או האונו וויה או האונו וויה או האונו ו	A BINTI BIND WAN ENDING DI MAN	
2	Principal Place of Business 3. Mailing Address			1 100 10 000 5000 1000 1777 1000 200 100		
		P.O. Day 8	31741	} I TRENTTOL OUT, GERN LITTE 1577? TORRO 1770 STATI DIL	A ATOTY DIECU ÄTTIN CLUMINSI AY KATAN	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)		
	City & State	City & State MIGME FL.		4. FEI Number 59-2685546	Applied For Not Applicable	
	Zip Country	33 2 83	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Reculred	
_	. 6. Name and Address of Current I			7. Name and Address of New Registered	4 44 44	
	OCEAN MANAGEMENT INVESTMENTS CORP. Name-EDGARD FORSCOM					
	OCEMIA MICHAGENICIAT NACCI MICIATO CONF. 115			(P.O. Box Number is Not Acceptable)		
	12350 SW 132 COURT (72) 100 S			SW 132 CT #209		
	MIAMI FL 33186					
		•	City MEA	ms F	L Zip Code	
7	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fforida. (am familiar with, and accept					
1	the obligations of registered agent.	16500	s >	21,	- 10 -	
1	SIGNATURE Species, typed or printed name of registered agents	VIECHS	2	3/3	0/07	
49,		PACE CONTRACTOR	Registered Agent agnisture require	ad when reinstating) DAT		
K	FILE NOW FEE IS \$61 25	9. Election Camp	eaign Financing	\$5.00 May Be	ck Payable to	
ě.	Due:By:May-1-2005 🚍 😘	Trust Fund Co	ntribution.		artment of State	
'nΗ	10. OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 10	
Г	TIPLE D	☐ Delete	TITLE		Change Addition	
1	NAME GOINS, BARBARA		HAME		_ , _	
	STREET ADDRESS 12228 SW 132ND CL CHY-ST-ZIP MIAMI FL 33186		STREET ADDRESS CITY-ST-ZIP			
⊢	TIPLE D	□ Delete	RITE		☐ Change ☐ Addilion	
	NAME KERLEW, DONALD	L. Veles	NAME		Cicende Cicentra i	
1	STREET ADDRESS 12236 SW 132 CT		STREET ADDRESS			
ŀ	CŶY-ST-ZIP MIAMI FL 33186	·	CITY-ST-ZIP			
	TILE D NAME ALBURY, RAY	☐ Delets	TITLE NAME		Change Addition	
1	STREET ADDRESS 13000 SW 120 ST		STREET ADDRESS			
L	COY-ST-ZIP MIAMI FL 33186		CITY-ST- ŽIP			
	TILE	Deleta	DILE		Change Addition	
1	NAME STORY ADDRESS		NAME			
1	STREET ADDRESS CGY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
۲	nite	☐ Deteto	TITLE		Change Addition	
ļ	NAME	<u> </u>	NAME		J 47-2-31	
1	STREET ADDRESS (STREET ADDRESS			
-	TILE	Carr	CITY-ST-ZIP		Chara Caddition	
l	NAVE	Deleta	TITLE NAME		Change Addition	
1	STREET ADDRESS		STREET ADDRESS			
F	CITY-SI-ZIP		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 allyginer like empowered.					
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1	SIGNATURE: // MUMILLE VILLE F/S /00					