

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

04-17-2006 90377 021 \*\*\*\*61.25  
N21327


**FILED**

06 MAY -9 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03302006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N21327</b> 1. Entity Name LE CLUB AT KENDALE LAKES CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 2200 NW 102 AVENUE SUITE #5 MIAMI, FL 33172 US		Mailing Address LE CLUB AT KENDALE LAKES CONDO ASSOCIATION 2200 NW 102 AVENUE, #5 MIAMI, FL 33172 US	
2. Principal Place of Business C/O Atlas Suite, Apt. #, etc. 8600 NW 17th St #145 City & State Miami, FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33126 Country		4. FEI Number 65-0198117 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 ATLAS PROPERTY MANAGEMENT 2200 NW 102 AVENUE STE #5 MIAMI, FL 33172	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8600 NW 17th St, #145 City Miami FL Zip Code 33126		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROBINSON, RORY 6500 SW 138 CT., #704 MIAMI, FL 33183	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D AVILES, DANIEL 6560 S W 138 CT #801 MIAMI, FL 33183	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LEFONT, HAYDEE 6560 SW 138 COURT, 808 MIAMI, FL 33183	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARIN, PILAR 6500 SW 138 CT., #702 MIAMI, FL 33183	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, ORIETTA 6500 SW 138 CT., #701 MIAMI, FL 33183	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/14/06 Daytime Phone #: 305-715-2801	