

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 13, 2007  
Secretary of State**

DOCUMENT# N21327

Entity Name: LE CLUB AT KENDALE LAKES CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O ATLAS  
8600 N.W. 17TH ST., #145  
MIAMI, FL 33126 US

**Current Mailing Address:**

**New Mailing Address:**

C/O ATLAS  
8600 N.W. 17TH ST., #145  
MIAMI, FL 33126 US

FEI Number: 65-0198117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EISINGER, BROWN, LEWIS, & FRANKEL, P.A.  
4000 HOLLYWOOD BOULEVARD  
PRESIDENTIAL CIRCLE, SUITE 265S  
HOLLYWOOD, FL 33021 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: ROBINSON, RORY  
Address: 6500 SW 138 CT., #704  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/D ( ) Delete  
Name: AVILES, DANIEL  
Address: 6560 S W 138 CT #801  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: VELASQUEZ, BARBARA  
Address: 6420 SW 138 CT #106  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/D ( ) Delete  
Name: MARIN, PILAR  
Address: 6500 SW 138 CT., #702  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/D ( ) Delete  
Name: CARRILLO, ORIETTA  
Address: 6500 SW 138 CT., #701  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORIETTA CARRILLO

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06/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date