


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3. **FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90015 002 \*\*\*\*61.25

<b>DOCUMENT # N30750</b>	
1. Entity Name <b>PARK PLACE OF KENDALL CONDOMINIUM II, ASSOCIATION, INC.</b>	

Principal Place of Business <b>13200 SW 128 ST          SUITE E-1          MIAMI, FL 33186 US</b>	Mailing Address <b>13200 SW 128 ST          SUITE E-1          MIAMI, FL 33186 US</b>
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2. Principal Place of Business - No P.O. Box # <b>9000 SW 152 ST</b>	3. Mailing Address <b>9000 SW 152 ST</b>
Suite, Apt. #, etc. <b>102</b>	Suite, Apt. #, etc. <b>102</b>

01082008 Chg-NP CR2E037 (12/06)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33157</b>	Country <b>USA</b>

4. FEI Number <b>65-0118305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SEPM  
 13200 SW 128 ST  
 SUITE E-1  
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME SCHWALLA, JAMES	
STREET ADDRESS 12954 SW 133 CT.	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE P	<input type="checkbox"/> Delete
NAME HENDRIKSE, MICHAEL N	
STREET ADDRESS 13200 SW 128 ST E.	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE SEC	<input type="checkbox"/> Delete
NAME COLINA, EDWARD D	
STREET ADDRESS 12940 SW 133 CT.	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*This is the signature of the President James Schwalla*

*GARY ROSS*