

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

**FILED  
Aug 28, 2008  
Secretary of State**

DOCUMENT# N42016

Entity Name: KENDALL POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8651 SW 82ND COURT  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

8651 SW 82ND COURT  
MIAMI, FL 33143 US

**New Mailing Address:**

FEI Number: 59-0843280      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:**

MATZ, BARRY  
8651 SW 82ND COURT  
MIAMI, FL 33143 US

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

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:**

Title: VP ( ) Delete  
Name: CORDAL, FERNANDO  
Address: 8380 SW 87TH TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: S ( ) Delete  
Name: LOPEZ, JOHN  
Address: 8321 SW 87TH TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete  
Name: MATZ, BARRY  
Address: 8651 SW 82 CT.  
City-St-Zip: MIAMI, FL 33143

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

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

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

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: BARRY MATZ

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

TRES

08/28/2008

\_\_\_\_\_  
Date