


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90256 046 \*\*\*\*61.25

**DOCUMENT # N44475**

1. Entity Name  
**KENDALL FOREST BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O CMV MANAGEMENT CO  
 10934 SW 146 PL  
 MIAMI, FL 33186**

Mailing Address  
**C/O CMV MANAGEMENT CO  
 10934 SW 146 PL  
 MIAMI, FL 33186**

2. Principal Place of Business  
**12350 SW 132 CT**

3. Mailing Address  
**P.O. Box 831741**

Suite/Apt. #, etc.  
**# 211**

Suite, Apt. #, etc.

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL**

Zip  
**33186**

Country

Zip  
**33283**

Country



02102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0319937**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**OCEAN MANAGEMENT INVESTMENTS CORP.  
 % EDGARD FONSECA  
 12350 SW 132 CT: #213  
 MIAMI, FL 33186**

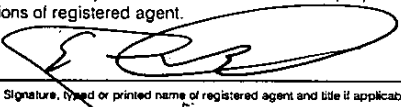
7. Name and Address of New Registered Agent

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  DATE **3/1/05**

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, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete NAME VAN HOUTEN, MARYLIN STREET ADDRESS 12350 SW 132ND CT. #213 CITY-ST-ZIP MIAMI, FL 33186	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME MACHIN, DORIS STREET ADDRESS 12350 SW 132ND CT. #208 CITY-ST-ZIP MIAMI, FL 33186	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME HASSIG, JORGE STREET ADDRESS 12350 SW 132 CT CITY-ST-ZIP MIAMI, FL 33186	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:  DATE **3/1/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR