


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

22

DOCUMENT # N44475 1. Entity Name KENDALL FOREST BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.	
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FILED

09 FEB 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 12350 SW 132 CT #211 MIAMI, FL 33186	Mailing Address PO BOX 831741 MIAMI, FL 33283
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


01052009 Chg-NP CR2E037 (11/08)

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
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4. FEI Number 65-0319937	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____

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

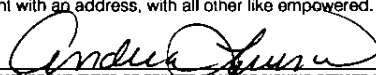
Filing Fee is \$61.25 Due by May 1, 2009	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete RIVERO, JAIME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12350 SW 132 CT #114	NAME	
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete LAVINA, ANDREA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12350 SW 132 CT 216	NAME	
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GARDANA, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12350 SW 132 CT 204	NAME	
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GRANUFF, EDWARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13000 SW 120 ST	NAME	
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SWINDOLL, ROXANA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12350 SW 132 CT #113	NAME	
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

300144201799

02/24/09--01001--010 **61.25

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:  _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR