

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90043 048 ****61.25

DOCUMENT # N97000000968

1. Entity Name

KENDALL GATE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1414 NW 107TH AVENUE
 4TH FLOOR
 MIAMI FL 33172

P O BOX 522333
 MIAMI FL 33152-2333

2. Principal Place of Business

16073 SW 86 LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

33193

Country

DADE

Country

4. FEI Number

65-0537059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGEMENT SPECIALTY INC.
8625 NW 8TH ST
STE 413
MIAMI FL 33126

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	AMBROGI, OCTAVIO	
STREET ADDRESS	1414 NW 107TH AVE, 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MARIA	
STREET ADDRESS	1414 NW 107TH AVE, 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARDONA, GAIL	
STREET ADDRESS	1414 NW 107TH AVE, 4TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS LE LONG	
STREET ADDRESS	16073 SW 86 LANE	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	Vice President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILEANA VASQUEZ	
STREET ADDRESS	16084 SW 87 TORRACE	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	TREASURER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON SANTIAGO	
STREET ADDRESS	8736 SW 161 CT	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	SECRETARY - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSANA DELGADO	
STREET ADDRESS	8742 SW 161 AVE	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. DACIL DIAZ de GAMBOA	
STREET ADDRESS	15875 SW 86 TR.	
CITY-ST-ZIP	MIAMI, FL 33193	
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 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 the 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 information.

SIGNATURE: **SIGNATURE REQUIRED**

02/03/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)