


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000968

1. Entity Name
KENDALL GATE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business C/O COURTESY PROPERTY MANAGEMENT INC 13250 SW 135TH AVE MIAMI, FL 33186	Mailing Address C/O COURTESY PROPERTY MANAGEMENT INC 13250 SW 135TH AVE MIAMI, FL 33186
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02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0537059	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASSFORD, DALE
 12912 SW 133RD COURT
 SUITE B
 MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE

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 _____ (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

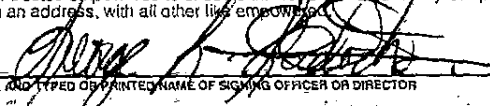
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KADOCH, JORGE L 8720 SW 159 CT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE LA CRUZ, HARRY G 8734 SW 161 AVE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBEITO, HUGO 8752 SW 159 PLACE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000133-396
 04/26/05-80081-005 70.00

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 lines empowered.

SIGNATURE:  **04/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #