


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90043 045 ****61.25

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

40006330

2. Principal Place of Business - No P.O. Box #
 C/o The Continental Group
 Suite, Apt. #, etc.
 11981 SW 144 Ct Ste 201

3. Mailing Address
 C/o The Continental Group
 Suite, Apt. #, etc.
 11981 SW 144 Ct Ste 201

City & State
 Miami, FL


City & State
 Miami, FL

Zip
 33186

Country

Zip
 33186

Country



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0772766

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGFRIED, RIVERA
 201 ALAHAMBRE CIRCLE
 SUITE 1102
 MIAMI, FL 33134

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 _____
 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, 2008

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SUMOZA, MIGUEL	8684 SW 161 AVE	MIAMI, FL 33193	<input type="checkbox"/>
TD	GUERRERO, ALBERTO	15913 SW 86 TERR	MIAMI, FL 33193	<input type="checkbox"/>
SD	AMADOR, ANTONIO	8751 SW 158 PATH	MIAMI, FL 33193	<input type="checkbox"/>
VP	DE LEON, NORMA	8718 SW 158 PLACE	MIAMI, FL 33193	<input type="checkbox"/>
D	CASTILLO, GERMAN	8718 SW 161 AVE.	MIAMI, FL 33193	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____