

**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

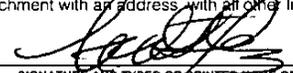
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06052008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N97000000968</b>					
1. Entity Name KENDALL GATE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business C/O THE CONTINENTAL GROUP 11981 SW 144 CT, STE 201 MIAMI, FL 33186			Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 CT, STE 201 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0772766	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIEGFRIED, RIVERA 201 ALAHAMBRE CIRCLE SUITE 1102 MIAMI, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMOZA, MIGUEL		NAME	300133384023	
STREET ADDRESS	8684 SW 161 AVE		STREET ADDRESS	07/24/08--01005--004 **\$61.25	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRERO, ALBERTO		NAME		
STREET ADDRESS	15913 SW 86 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMADOR, ANTONIO		NAME		
STREET ADDRESS	8751 SW 158 PATH		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DE LEON, NORMA		NAME	Director	
STREET ADDRESS	8718 SW 158 PLACE		STREET ADDRESS	German Castrillon	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	8718 SW 161 AVE MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	President	
STREET ADDRESS			STREET ADDRESS	Corlita Martinez	
CITY-ST-ZIP			CITY-ST-ZIP	8701 SW 161 AVE	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Vice President	
STREET ADDRESS			STREET ADDRESS	Adela Lebrija	
CITY-ST-ZIP			CITY-ST-ZIP	8690 SW 161 CT	
				MIAMI, FL 33193	
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: 7/18/08		Daytime Phone #: (305) 752-8005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					