

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90316 040 ****61.25

DOCUMENT # 755713 1. Entity Name KENLAND BEND SOUTH CONDOMINIUM, INC.					
Principal Place of Business C/O M.A.C. MGMT., INC. 1200 NW 78 AVE., #215 MIAMI, FL 33126 US			Mailing Address C/O M.A.C. MGMT., INC. 1200 NW 78 AVE., #215 MIAMI, FL 33126 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2159371	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMEJO, MARIA A M.A.C. MGMT., INC. 1200 NW 78 AVE., #215 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Maria A. Camejo</i></u> 03/15/05 Signature, typed or printed name of registered agent and title if applicable. (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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	FERREIRA, FRANCISCO		NAME	FERREIRA, FRANCISCO	
STREET ADDRESS	8357 WEST FLAGLER ST.		STREET ADDRESS	9040 SW 125 AVE. D-403	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PD	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	BARRERA, RODOLFO		NAME	JORG, Mercedes	
STREET ADDRESS	8357 WEST FLAGLER STREET		STREET ADDRESS	9040 SW 125 AVE. D-209	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD-D	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	GARCIA, ARMANDO		NAME	MACHIN, ANTONIO	
STREET ADDRESS	8357 WEST FLAGLER ST.		STREET ADDRESS	9040 SW 125 AVE. D-110	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	GIRAUD, JAVIER		NAME	GIRAUD, JAVIER	
STREET ADDRESS	8357 WEST FLAGLER ST.		STREET ADDRESS	9020 SW 125 AVE. F-205	
CITY-ST-ZIP	MIAMI, FL 331442029		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	BANKS, KARLA	
STREET ADDRESS			STREET ADDRESS	9040 SW 125 AVE. D-402	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u><i>Francisco S. Ferreira</i></u> 03/15/05 (205) 262-1123 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>FRANCISCO A. FERREIRA, PRES</u>					

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