

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90281 028 ****61.25

DOCUMENT # 771171 1. Entity Name THE HIGHLANDS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7430 SW 153 PLACE 104 MIAMI, FL 33193			Mailing Address 9200 SOUTH DADELAND BLVD. SUITE 509 MIAMI, FL 33156		
2. Principal Place of Business <i>P.O. Box 960477</i>		3. Mailing Address <i>P.O. Box 960477</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>MIAMI, FLORIDA</i>		City & State <i>MIAMI, FLORIDA</i>		4. FEI Number 59-2481398	
Zip <i>33296</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33296</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E ESQ. 9200 SOUTH DADELAND BLVD SUITE 509 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name <i>FRANK PEREZ-SIAM, ESQ</i> Street Address (P.O. Box Number is Not Acceptable) <i>7001 S.W. 87TH CT</i> City <i>MIAMI</i> FL <i>33173-2509</i>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <i>4/25/05</i> <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005			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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	PD	COLLAZO, MAGALLY	7555 SW 153 PL #107	MIAMI, FL 33193	
	VD	CALDERON, SILVIA	7550 SW 153 CT #102	MIAMI, FL 33193	
	TD	MESA, MAURA	7430 SW 153 PLACE #104	MIAMI, FL 33193	
	SD	BAEZ, ANA	7525 SW 153 PL #102	MIAMI, FL 33193	
	D	FERNANDEZ-OVIEDO, AMED	7430 SW 153 PL #104	MIAMI, FL 33193	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	PD	DANSI MONTERROSA	7445 S.W. 153 PL #101	MIAMI, FL 33193	
	VP	TAMARA S. MOURINO	12311 S.W. 122 PATH	MIAMI, FL 33186	
	TD	MARGARITA ARAVENA	7674 S.W. 160 AVE	MIAMI, FL 33193	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>04-22-05</i> Daytime Phone <i>305-386-1353</i>	