


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006256
1. Entity Name
KIWANIS OF AVENTURA FOUNDATION, INC.



Principal Place of Business
2785 N E 183RD ST
AVENTURA, FL 33160

Mailing Address
2785 N E 183RD ST
AVENTURA, FL 33160



02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PINDER, THOMAS
18010 NE 10 AVE
NORTH MIAMI BEACH, FL 33162

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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 re-registering) DATE _____

Filing Fee is \$81.25
Due by May 1, 2008

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	CH PINDER, THOMAS 18010 NE 10 AVE NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONCE, CARLOS 1180 NE 161 TERRACE NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICOWDEN, MARIE 2785 NE 183RD STREET AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, TATIANA 2785 NE 183RD STREET AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ANTONIO 55 NE 192 STREET MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.0000436350
02/27/06-80034-003 81.25

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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: Thomas A. Pinder 2/14/06 (305) 651-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #