

• 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 ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINDER, THOMAS  
18010 NE 10 AVE  
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

100000436350  
02/27/06-80034-003 81.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 (305) 651-6557  
Date Daytime Phone #