2007 NOT-FOR-PROFIT CORPORATION

Apr 11, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-11-2007 90017 011 ****61.25 **DOCUMENT #754871** KENDALL TRACE CONDOMINIUM ASSOCIATION, INC. 40056090 Principal Place of Business Mailing Address 12301 SW 132 CT. 12301 SW 132 CT. US MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03152007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2168688 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAXBERG, BARRY ESQ Street Address (P.O. Box Number is Not Acceptable) 20 SE 2ND AVE., STE 730 MIAMI, FL 33131 City 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 Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE Addition farbett, June 17102 Swagth court EISENBERG, RANDY NAME NAME STREET ADDRESS 7742 SW 99 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP Miami FL 33156 Delete ☐ Change ☐ Addition TITLE HARBETT, JUNE NAME NAME STREET ADDRESS 7762 SW 99 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEIZNER, GINNY NAME NAME 7744 SW 99 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition SHAD, JAN NAME NAME STREET ADDRESS 7700 SW 99 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TIT1 F Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Lalin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED