

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2007  
Secretary of State**

DOCUMENT# 718877

Entity Name: KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10333 SOUTH WEST 76 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10333 SOUTH WEST 76 STREET  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 59-1353211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LERNER, LISA, ESQUIRE  
C/O SIEGFRIED, KIPHIS, RIVERA, LERNER  
201 ALHAMBRA CIRCLE, STE 1102  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DOERR, MARGA  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

Title: DS      ( ) Delete  
Name: MYERS, SUSAN  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL

Title: D      ( ) Delete  
Name: BARKAS, HAL  
Address: 10355 SW 76 ST  
City-St-Zip: MIAMI, FL 33173

Title: DT      ( ) Delete  
Name: HANDSCOMBE, PETER  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

Title: VP      ( ) Delete  
Name: MANGANARO, CHARLES,  
Address: 10333 S.W. 76 STREET  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: LIEBOWITZ, STEVE  
Address: 7825 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGA DOERR

P

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date