

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90043 039 ****61.25

DOCUMENT # 755713 1. Entity Name KENLAND BEND SOUTH CONDOMINIUM, INC.			
Principal Place of Business C/O MIAMI MGMT 14275 SW 142 AVE MIAMI, FL 33186 US		Mailing Address C/O MIAMI MGMT 14275 SW 142 AVE MIAMI, FL 33186 US	
2. Principal Place of Business - No P.O. Box # C/O M&E Management, Inc Suite, Apt. #, etc. 7500 NW 25th St. #246 City & State Miami, FL Zip 33122		3. Mailing Address C/O M&E Management, Inc Suite, Apt. #, etc. 7500 NW 25th St. #246 City & State Miami, FL Zip 33122	
4. FEI Number 59-2159371		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C/O MIAMI MGMT 14275 SW 142 AVE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name MARIA A. CAMERO Street Address (P.O. Box Number is Not Acceptable) 8511 NW 8th Street #111 City Miami FL Zip Code 33126	
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 <u><i>Norma G. Camero</i></u> DATE <u>08/23/07</u> Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD FERREIRA, FRANCISCO 9040 SW 125 AVE, D403 MIAMI, FL 33186 ☐ Delete	TITLE	D FERREIRA, FRANCISCO 9040 SW 125 AVENUE D403 MIAMI, FL 33186 ☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD JORGE, MERCEDES 9040 SW 125 AVE, D209 MIAMI, FL 33186 ☐ Delete	TITLE	sec Anita Crombie 9030 SW 125 AVENUE E109 MIAMI, FL 33186 ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD MACHIN, ANTONIO 9040 SW 125 AVE, D110 MIAMI, FL 33186 ☐ Delete	TITLE	PRES. Norma Fernandez 9010 SW 125 AVENUE 6308 MIAMI, FL 33186 ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GIRAUD, JAVIER 9040 SW 125 AVE, F205 MIAMI, FL 33186 ☐ Delete	TITLE	VP Tatiana Calderon 9030 SW 125 AVENUE E202 MIAMI, FL 33186 ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u><i>Norma Fernandez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2159371	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C/O MIAMI MGMT 14275 SW 142 AVE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Michael Rehr Street Address (P.O. Box Number is Not Acceptable) 9500 S. Dadeland Blvd. Suite 550 City Miami FL Zip Code 33156	
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 <u>Michael Rehr</u> Signature, typed or printed name of registered agent and title if applicable		DATE <u>1/4/07</u> (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FERREIRA, FRANCISCO 9040 SW 125 AVE, D403 MIAMI, FL 33186	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PATIANA Calderon 4000 SW 125 AVE - G MIAMI FL 33186
☐ Change ☒ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD JORGE, MERCEDES 9040 SW 125 AVE, D209 MIAMI, FL 33186	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Sec anita Crombie 9030 SW 125 AVE E MIAMI FL 33186
☐ Change ☒ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MACHIN, ANTONIO 9040 SW 125 AVE, D110 MIAMI, FL 33186	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Pres. Norma Fernandez 9010 SW 125 AVE - G MIAMI FL 33186
☐ Change ☒ Addition		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GIRAUD, JAVIER 9040 SW 125 AVE, F205 MIAMI, FL 33186	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: <u>Francisco Ferreira</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>1/4/07</u> <u>305-259-1440</u> Date Daytime Phone #			

ATTACHMENT

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