

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 771171

1. Entity Name
**THE HIGHLANDS AT KENDALE LAKES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**7655 NW 50 STREET
MIAMI, FL 33166**

Mailing Address

**7566 NW 50 STREET
MIAMI, FL 33166**



03032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2481398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ-SIAM, ESQ, FRANK
7001 SW 87TH CT
MIAMI, FL 33173-2509**

**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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000872489
04/10/08-80040-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERNANDEZ, HUMBERTO 7566 NW 50 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SANCHEZ, ORLANDO 7566 NW 50 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLOREZ, OSCAR 7566 NW 50 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RIVEIEREA, PIERRE 7566 NW 50 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BELTRAN, MILAGROS 7566 NW 50 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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

Date

Daytime Phone #