2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# 756275

Entity Name: KENLAND BEND NORTH CONDOMINIUM, INC.

Current Principal Place of Business:

C/O BONAFIDE MANAGEMENT GROUP, INC.
3100 N.W. 72ND AVENUE, #127
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

C/O BONAFIDE MANAGEMENT GROUP, INC.
3100 N.W. 72ND AVENUE, #127
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 59-2192415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURSKY, MELVIN
8800 SW 123 CT
J304
MIAMI, FL 33186 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: PD ( ) Delete
Name: BURSKY, MELVIN
Address: 8800 SW 123 CT., #J304
City-St-Zip: MIAMI, FL 33186

Title: VPSD ( ) Delete
Name: BASKIN, MINDY
Address: 8800 SW 123 CT., #J403
City-St-Zip: MIAMI, FL 33186 US

Title: D ( ) Delete
Name: MADERA, LOURDES
Address: 8800 SW 123 CT., #J302
City-St-Zip: MIAMI, FL 33186 US

Title: TD ( ) Delete
Name: MAURER, WILLY A
Address: 8860 SW 123 CT., #K302
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: ILINETS, MARIA
Address: 8820 SW 123 CT., #L108
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: RICARDO RUSSI MGR 05/01/2008

Electronic Signature of Signing Officer or Director — Date