


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 771171 1. Entity Name THE HIGHLANDS AT KENDALE LAKES CONDOMINIUM ASSOCIATION, INC.						FILED 08 JUL 14 AM 8:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7655 NW 50 STREET MIAMI, FL 33166				Mailing Address 7566 NW 50 STREET MIAMI, FL 33166			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 59-2481398 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input type="checkbox"/> \$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			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD FERNANDEZ, HUMBERTO <input type="checkbox"/> Delete 7566 NW 50 STREET MIAMI, FL 33166				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY- ST- ZIP PD RIVIERE PIERRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7655 NW 50 ST MIAMI, FL 33166			
TITLE NAME STREET ADDRESS CITY- ST- ZIP TD SANCHEZ, ORLANDO <input type="checkbox"/> Delete 7566 NW 50 STREET MIAMI, FL 33166				TITLE NAME STREET ADDRESS CITY- ST- ZIP 900133690219 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/29/08--01009--010 **61.25			
TITLE NAME STREET ADDRESS CITY- ST- ZIP VP FLOREZ, OSCAR <input type="checkbox"/> Delete 7566 NW 50 STREET MIAMI, FL 33166				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP VT RIVEIEREA, PIERRE <input checked="" type="checkbox"/> Delete 7566 NW 50 STREET MIAMI, FL 33166				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP S BELTRAN, MILAGROS <input type="checkbox"/> Delete 7566 NW 50 STREET MIAMI, FL 33166				TITLE NAME STREET ADDRESS CITY- ST- ZIP S ELCY MAYO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7655 NW 50 ST MIAMI, FL 33166			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> RIVIERE PIERRE							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date 6/19/08 Daytime Phone # (3) 5539731 ext 208							

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