

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
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 (X)

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 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

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date