

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90127 020 *****70.00

DOCUMENT # 729149

1. Entity Name

KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**13250 SW 135 AVE
MIAMI FL 33186**

Mailing Address

**13250 SW 135 AVE
MIAMI FL FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1531464**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE/% LISA LERNER
SUITE 1102
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	WEISSBERG, CRAIG	
STREET ADDRESS	8401 SW 107 AVE., #157E	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, DARRYL	
STREET ADDRESS	8415 SW 107TH AVE. #359	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOUGHTY, CHARLES	
STREET ADDRESS	8415 SW 107TH AVE. #331E	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, JAMES	
STREET ADDRESS	8415 SW 107TH AVE. #261W	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, JANET	
STREET ADDRESS	8401 SW 107 AVE # 275E	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AGUILES, JIM	
STREET ADDRESS	8401 SW 107 AVE #332E	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP: Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8401 SW 107 Ave., 332E	
STREET ADDRESS	Miami, FL 33173	
CITY-ST-ZIP	Jim Aquiles	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olga Trucios	
STREET ADDRESS	8415 SW 107 Ave., 233W	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Kiley	
STREET ADDRESS	8415 SW 107 Ave., 333W	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
CRAIG WEISSBERG, PRES. 4/8/03

CR2E037 (10/02)