

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 718877

**Entity Name:** KENDALLTOWN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10333 SOUTH WEST 76 STREET  
MIAMI, FL 33173

**Current Mailing Address:**

10333 SOUTH WEST 76 STREET  
MIAMI, FL 33173

**FEI Number:** 59-1353211

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIR  
STE 1102  
MIAMI, FL 33134 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           SIMMONS, DIONNE  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            VP  
Name           DOERR, MARGA  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            SECRETARY  
Name           SIMMONS, JACKIE  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            TREASURER  
Name           SIMORELLI, LOUIS  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            DIRECTOR  
Name           GROSS, LESLIE  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            DIRECTOR  
Name           ZAGRAY, LAWRENCE  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            DIRECTOR  
Name           PORTUONDO, SYLVIA  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

Title            DIRECTOR  
Name           SHEHADEH, MARIA  
Address        10333 SOUTH WEST 76 STREET  
City-State-Zip: MIAMI FL 33173

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I hereby 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 all other like empowered.

**SIGNATURE: DIONNE SIMMONS**

**PRESIDENT**

**06/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	AGUILERA, HENRY
Address	10333 SOUTH WEST 76 STREET
City-State-Zip:	MIAMI FL 33173