

2020 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 SECRETARY
Name SCOTT, MARSHA
Address 10333 SOUTH WEST 76 STREET
City-State-Zip: MIAMI FL 33173

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

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

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

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

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

Title TREASURER
Name DE MARCHENA, VIVIAN
Address 10333 SOUTH WEST 76 STREET
City-State-Zip: MIAMI FL 33173

Title DIRECTOR
Name GARCIGA, JOSE
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: DON MANGUM

PRESIDENT

11/12/2020

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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