

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724924

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC1063135051**

**Entity Name:** KENDALE LAKES MASTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8399 SOUTHWEST 137TH AVENUE  
MIAMI, FL 33183

**Current Mailing Address:**

9000 SW 152 STREET  
102  
MIAMI, FL 33157 US

**FEI Number:** 59-1431399

**Certificate of Status Desired:** No

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

GLAZER AND ASSOCIATES, P.A.  
12908 SW 133 COURT  
MIAMI, FL 33186 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:** ERIC M. GLAZER

03/17/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name VEGA, LAZARO  
Address 8703 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title TREASURER  
Name STROUB, MARSHA  
Address 8409 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title SECRETARY  
Name ALT, MAX  
Address 8429 SW 137 AVE  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name DOUGHTY, LORRAINE  
Address 8315 SW 137 AVE  
City-State-Zip: MIAMI FL 33183

Title PRESIDENT  
Name PAVON, ORIOL  
Address 8747 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name BOYER, EVELYNE  
Address 8737 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name GUTIERREZ, ARAMIS  
Address 8639 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title DIRECTOR  
Name MARTINEZ, RAMON  
Address 8547 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

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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:** ORIOL PAVON

PRESIDENT

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MEDINA, LUZ  
Address        8779 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183

Title           DIRECTOR  
Name           REYES, MANUEL  
Address        8779 SW 137 AVENUE  
City-State-Zip: MIAMI FL 33183