

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 724924

Entity Name: KENDALE LAKES MASTER CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 03, 2015
Secretary of State
CC5212061915

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.
3113 STIRLING ROAD
SUITE 201
FORT LAUDERDALE , FL 33312 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

09/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Continues on page 2

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: LAZARO VEGA

PRESIDENT

09/03/2015

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