

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

DOCUMENT# 747387

**Entity Name:** THE GARDENS OF KENDALL CONDOMINIUM NO. 5  
ASSOCIATION, INC.

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC9256043736**

**Current Principal Place of Business:**

C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVENUE SUITE 108  
MIAMI, FL 33186

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVENUE SUITE 108  
MIAMI, FL 33186 US

**FEI Number: 59-1908957**

**Certificate of Status Desired: No**

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

DALE C. GLASSFORD, P.A  
12908 SW 133RD 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: DALE GLASSFORD**

**04/30/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ANGELOTTI, JASON  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title VP, D  
Name MYSKIW, LINDA  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title SECRETARY  
Name GUANCHE, NORMA  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVE. SUITE 108  
City-State-Zip: MIAMI FL 33186

Title TREASURER  
Name SLEPOY, JORGE  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVENUE SUITE 108  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name ALFONSO, JORGE  
Address C/O VESTA PROPERTY SERVICES  
13595 SW 134 AVENUE SUITE 108  
City-State-Zip: MIAMI FL 33186

*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: ANGELOTTI , JASON**

**P**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date