

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010906

Entity Name: KENDALLWOOD PARK REPLAT BLOCK 1, LOT 1
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**12002 SW 128 CT
MIAMI, FL 33186**Current Mailing Address:**14275 SW 142 AVENUE
MIAMI, FL 33186 US**FEI Number: 20-2613240****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOLOVE, ROBERT ESQ
12002 SW 128 CT
SUITE 201
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	HERRERA, SERGIO
Address	14275 SW 142 AVENUE
City-State-Zip:	MIAMI FL 33186

Title	TREASURER, DIRECTOR
Name	POMARES, FERNANDO ESQ
Address	14275 SW 142 AVENUE
City-State-Zip:	MIAMI FL 33186

Title	PRESIDENT, DIRECTOR
Name	SOLOVE, ROBERT
Address	14275 SW 142 AVENUE
City-State-Zip:	MIAMI FL 33186

Title	SECRETARY, DIRECTOR
Name	TARAMONA, HERMINE
Address	14275 SW 142 AVENUE
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	SALAZAR, ARMANDO DR.
Address	14275 SW 142 AVENUE
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: ROBERT SOLOVE**PRESIDENT****03/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date